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THE IMPORTANCE OF EMPOWERMENT:

**The Importance of Empowerment: New Parents' Experiences of Community Support
Services, and the Impact that these Services have on Communities.**

A thesis submitted in fulfilment of the requirements of the degree

of

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at

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by

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Abstract

This thesis has focused on exploring the experiences of families with young children (aged three or under) and the role that community support services play in supporting these families. Previous researchers have found that support provided through community organisations could play a key role in increasing the wellbeing of parents and families. This study has investigated these findings, with the reference to the experiences of New Zealand families, a subject that has not yet been fully explored. The findings from this study demonstrated that community support services were able to increase parents' knowledge and skills; they assisted them in developing social networks and friendships and provided a range of resources for their children. However, when the services provided were not appropriate to the needs of the family, or the participants experienced discrimination and social judgement when accessing services, this led to the families experiencing increasing levels of stress. The findings of this study mirrored the key ideas which had already been developed from previous research. However, this study also revealed some new theories and conceptions of support which have not been discussed. These included the impact support services can have on families' experiences of stress and the lowered social position which mothers can experience when accessing support. Further research is needed in order to fully explore these issues. In conclusion, this study has reinforced the significant role that community support services can play, in the empowerment of New Zealand families and the successful functioning of communities.

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Acknowledgments

The first group I would like to thank are all of the participants who were willing to share their time and personal experiences with me. I have done my best to fairly represent the experiences that were shared with me, as well as the needs and desires that they would like to have filled in the future. I also appreciate their honesty and willingness to discuss their experience with me, a childless 22 year old student, who probably seemed as far removed from their experience of life as could be. Listening to their experiences has given me a newfound respect for all the parents and carers that are present in my life.

Secondly, I would like to thank all of the individuals and groups that assisted in helping me conduct this study and write this thesis. In particular I would like to thank my two supervisors, Dr Cate Curtis and Dr Carrie Barber who were willing to take me on as a student, especially after the first semester had already begun and I imagine that everyone's workloads were all fully booked. I appreciate all of the help and support which they provided. I would also like to thank all of the community services, Playcentres, Kindergartens, libraries, websites, medical centres and community centres and other services who were willing to display my material, publicise my study or provide me with information which assisted me in writing this thesis. They played a key role in ensuring that this study could take place. In particular I would like to thank Anne Thomas, from the Waikato Kindergarten Association and Annalise Catchpole, the president of the Waikato Playcentre Association who both took the time to look over my proposal and assisted me in using their services recruit participants and publicise this study.

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Chapter One: Introduction

As a sub-discipline of psychology, community psychology has had a long history of studying the relationships between social groups and communities, and people's experiences of these communities. Part of their goal is to understand people's social contexts and the impact that these social contexts can have on the experiences of individuals (Nelson & Prilleltensky, 2005). Therefore, in order to understand the structure of society and the role which community psychologists can have in understanding this field, researchers need to understand peoples' experiences of the social groups which they belong to. This study aims to explore the experiences of parents and families with young children, and understand the way that the communities and social structures impact on their understanding of parenting during this time.

There are a large number of community support services that exist in New Zealand, which aim to provide support for parents or families with young children. Some examples of varied and specialised services which aim to provide support for New Zealand families include Plunket, La Lèche League, Home Birth Aotearoa, the Multiple Birth Association, Healthline, the Parents Centre and Iwi health agencies (Benn & Pullon, 2008). As well as these formalised organisations which aim to provide specified resources to the New Zealand community there are also numerous community centres, midwives, kindergartens, Playcentres, websites, informal parenting groups and family and whānau members that families may frequently call on for help and advice (NZ Playcentre Federation, 2009; Plunket, 2008; Plunket, 2009; Valentine, 2006). A great deal of the literature which has been published internationally has examined the role that community services and community support can have in supporting families. However, further research is needed in order to understand the particular features of the community support services in the New Zealand

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social context, and the way that these features support or contrast with the findings from previous literature

This thesis has aimed to study parents' experiences caring for children and the way that these community support services have impacted these experiences. Community support services can encompass a variety of social groups, both structured and non-structured, which aim to provide education and support to parents, families and communities. They can range from formalised organisations, such as Plunket and Parents Centre, which provide advice and resources to be used by parents, to informal groups of family and friends who share their experience with one another. It should be noted that other studies may use differing terms; such as parenting programmes, support groups, and community organisations, in order to describe these concepts, however these terms did not fully embrace the variety of different forms in which these services can be applied (Cassel, 1965; Hughey, Speer and Peterson, 1999; Gifford & Pirikahu, 2008). This research will hopefully lead to an increased understanding on the impact that community support services can have on the wellbeing of families and the role which they have played in the formation of New Zealand communities.

Key Findings on Community Support and its Impact on Families

Previous researchers have defined a community as a group of people, who share a network of relationships (Nelson & Prilleltensky, 2005). When people participate in these communities they receive social support and companionship and are able to structure these relationships, based on an organisational structure which exists in these groups (Herrero & Gracia, 2007; Hughey, Speer & Peterson 1999; Nelson & Prilleltensky, 2005). These social resources can then be distributed amongst various community members. Thus, community membership can provide many benefits to peoples from a variety of social groups, including parents (Child Poverty Action Group, 2008; Herrero, & Gracia, 2007; Nelson & Prilleltensky, 2005).

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This support is of particular value to parents and families, because the experience of being a parent can be one of the most challenging experiences a person may experience during their life (O'Connor, 2001). Factors such as the physical demands of pregnancy and birth, the responsibility of caring for a young baby, the changing social roles which a birth of a child can bring, and other personal stresses such as the experiences of poverty or social disadvantage, can all impact on the experience of parents (Belsky & Rovine, 1984; Garbarino, Bradshaw & Kostelny, 2005; Halfon & McLearn, 2002; Kotchick & Forehand, 2002; Nash & Martin, 1995; O'Connor, 2001; Peirson, 2005; Simons, Reynolds, Mannion & Morison, 2003; The Boston Women's Health Book Collective, 2005). Many parents also experience barriers with mobility and access to information which can prevent them from accessing social connections and sources of support (Mertensmeyer & Fine, 2000; Webber & Boromeo, 2005). However, community support services can provide parents with a variety of resources which can improve their wellbeing and experience of parenting. Researchers such as Gifford and Pirikahu (2008), Halfon and McLearn (2002), Kotchick and Forehand (2002), Neal and colleagues (2007); O'Connor (2001); Simons, Reynolds, Mannion and Morison (2003), and Slusser and Lange (2002) have all found that community support services can increase parents' wellbeing, which lead to faster recovery from any stress, increased wellbeing of their children, and can provide families with a sense of wellbeing and whanaungatanga. New Zealand parents who discussed their experiences of parenting in Nash & Martin (1995) and Sunde, Andrews & Court (2007), all commented on the key role which friendships and community participation has played in supporting them, during their experiences of parenting.

History of New Zealand Community Organisations

There are a large and varied number of community support services that provide support for families in New Zealand. Many of these organisations, such as Plunket, are now

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in such common use that they have become New Zealand institutions, becoming as synonymous with the social context of parenting in New Zealand, as the Buzzy Bee. Kedgley (1996) found, in her study of the history of motherhood in New Zealand, that New Zealand community organisations, such as Plunket and Playcentre, have had a significant impact on the lives of New Zealand families. In order to demonstrate some examples of the way that community organisations function in the New Zealand community, I will now describe two of the longest running community organisations that exist in New Zealand: Plunket and Playcentre. I will describe the history and philosophy which had grounded each organisation, as well as the unique roles which they have already played in the context of parenting in New Zealand. The description aims to provide examples of the types of information which is currently available to researchers. The possible role that this research project can play in expanding on these findings will be discussed further in this chapter.

Plunket

The Plunket society was founded in 1907 by Dr Truby King (Plunket, 2009). In response to the problems which he perceived to be existing in the New Zealand at the time, King had developed a variety of theories of childcare, theories which he publicised in centres which were set up around the country (later referred to as Plunket Centres) (Coney, 1993; Kedgley, 1996). He used these centres to teach new mothers the techniques which he believed to be successful in protecting and caring for infants (Coney, 1993; Kedgley, 1996; Plunket, 2009). The use of these centres and the services they provided became widespread and they are still being used today (Plunket, 2009).

As well as introducing Plunket Centres to the New Zealand community, King also promoted a series of theories on the processes of parenting and child development, which he had developed. In particular King was a passionate advocate of the theories of eugenics and the superiority of the 'English race' which were very prevalent in this time, particularly

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before the First World War (Coney, 1993; Kedgley, 1996). He believed that there was a need to strengthen the 'race,' in order to improve New Zealand's moral character, and the resulting quality of our army (Coney, 1993; Kedgley, 1996). As a response to these views, King formulated a range of strict instructions on nutrition and infant care, what he called 'scientific motherhood', which he prescribed to New Zealand mothers around the country (Coney, 1993; Kedgley, 1996). King also hoped that by educating families on his techniques of childcare he could reduce the high infant mortality rate which existed at that time (Coney, 1993; Kedgley, 1996). As a result of the widespread adoption of these techniques, as Kedgley (1996) described, "King had totally changed the way children were brought up and transformed motherhood from something that women performed naturally into a 'science' or 'craft' they learnt by the book" (p.53).

However, since the 1960s and 1970s, the Plunket society has stopped advocating King's practices, which many mothers found to be controlling and unresponsive to their family's needs, and have altered the techniques which they prescribe to ensure they are up to date and appropriate for the various communities that exist in New Zealand (Coney, 1993; Kedgley, 1996). The Plunket website provides a good description on the role Truby King's teaching has had on their practice today, saying "Sir Truby King's legacy lives on in the Plunket society, although many of his original teachings do not" (Plunket, 2009, n.p.). The Plunket Society is currently one of the longest-lasting and most well-known community organisations for children and their families in New Zealand. Plunket is New Zealand's largest Well Child provider, which sees over 90% of families with newborn babies (Plunket, 2008). There are a wide range of resources and services which this society provides for New Zealand parents and families. These services include regular health and developmental check-ups and visits (clinic and home based) for families with children between the ages of zero and five, the provision of a 24 hour a day phone line which can provide immediate support and

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advice for parents when needed, and a range of other services that aim to provide resources and education to parents and other groups in the New Zealand community, such as a national parenting education programme (PEPE), car seat hire, toy libraries and play groups (Plunket, 2009). The dual goals of many of the services which Plunket provides are to assist in supporting the health and development of young children in New Zealand, and to provide communities and agencies of support for parents (Plunket, 2008).

Playcentre

Playcentre is an internationally recognised early childhood organisation, unique to New Zealand, which provides support for families of children up to the age of five (NZ Playcentre Federation, 2009; Valentine, 2006). The New Zealand Playcentre Federation was developed in the political climate of New Zealand in the 1950s (Kedgley, 1996). Playcentres were primarily developed in response to several perceived gaps that many believed were present in the support services that were provided at the time. They believed that there was a need for greater education of mothers, in particular in areas of child development, as well as reinforcement of the important role that mothers had to play in their children's development (Kedgley, 1996; NZ Playcentre Federation, 2009). However, not all social groups in the New Zealand community felt that these views were supportive of the decision they made on how to support their families and care for their children (Banks, 2008; Kedgley, 1996,).

Today, some of the key aspects of the Playcentre teachings and the values which they advocate, are the importance of family/whānau and their role in child development and learning, along with the importance of providing children with opportunities to have 'free choice play' and choose the activities in which they would like to take part (NZ Playcentre Federation, 2009; Valentine, 2006). The Playcentre organisation has been officially recognised by the Ministry of Education, and is licensed not only as an Early Childhood Education service for children, but also as an adult educator, by providing adults that take

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part in this programme with Playcentre specific qualifications (Valentine, 2006). As there are currently 512 Playcentres in New Zealand, the Playcentre Federation has now become a widely publicised institution which has had a great impact on the social context of parenting in New Zealand (NZ Playcentre Federation, 2009; Valentine, 2006).

Relationship to the Present Study

The previous sections of this chapter have outlined the findings developed from previous research projects and have discussed the literature available on a selection of community organisations which have developed in the social context of New Zealand. However, despite the great deal of literature published on community support internationally and the presence of texts such as Coney (1993) and Kedgley (1996) which aim to provide a historical context to the major organisations which exist in New Zealand society, there is still a significant gap in the literature which is available to researchers in this subject area. This is because, while New Zealand authors seem to have put a lot of effort into detailing historical information about the experiences of parents and families, there seems to be very little information available which aims to address the experiences of modern families. Much of the literature which has been published in recent years focuses on the experiences of subgroups in the New Zealand population, such as sole parents, Māori, migrants and young mothers (Banks, 2008; Families Commission, 2008; Gifford & Pirikahu, 2008; Gray & Gray Matter Research Limited, 2001). While these research topics may be of particular interest to policy makers and groups which aim to protect the interests of minority groups in our population, the fact that these studies are specific to these groups mean that their findings cannot be generalised to understand the experiences of larger portions of the New Zealand population.

As well as the need to explore the experiences of parents and carers, as a community group, there have been many new community support services which have become available to parents in New Zealand. Services such as Healthline, online forums and other newly

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developed support groups which parents can access may all have triggered changes to the experiences of parents with young children, changes which could be further explored. As well as this, traditional services, such as Plunket, have gone through such considerable changes in recent years, that the literature previously published in these services may now be out of date. Many of the sources of information currently available on the community support services discussed in this study were produced and published by the community services which were under discussion, and as such may contain possible biases and inaccuracies which may limit their use to any researchers in this field.

While the impact of community organisations on the experiences of families is a subject which may have been addressed by previous international studies, researchers and professionals need to understand the implications of these findings to a New Zealand social context, in order to understand how to use these theories to better the lives of families. This way, information about the impact on community support services for families can be extrapolated, comparisons can be made with the experiences of other social groups in the New Zealand community and the gaps in our understanding of the experiences of families in New Zealand, can be filled. By looking at the relationship between community support services and families, and the impact which these services have had on New Zealanders' lives, research in this subject area may increase our understanding of the social environment which exists in this country, and the roles in which community organisations have played in creating this environment.

Goals of this Thesis

Now that I have provided some background information on the New Zealand context and the impact of community organisations, I will now go on to describe the goals which were developed to guide the practice of this research. These goals will hopefully assist

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readers in developing their understanding of this research topic, and the ideas which have guided this thesis.

Three key goals were selected in order to structure this thesis and the findings which aimed to be gathered. The first goal was for this thesis to help the researchers better understand the experiences of new parents when they first have children. By understanding these experiences, this can then lead to a greater understanding of the role that community organisations can have in supporting families. Any changes or suggestions for improvement, which were developed as a result of this goal, would hopefully lead to improvements in the quality of life for this community group.

For the second goal, it was also hoped that this information will then help increase psychology researchers' understanding of the relationship between community support services, and the communities that access them. This information should help to increase their understanding of the way that a large variety of communities function, not solely those families who have young children. Therefore, this goal will also assist in helping researchers to explore the relevance of community support to a wide variety of social groups that exist in this society.

The final goal was for this study to produce some relevant findings which may assist in helping researchers discuss the ways that community organisations can have provided resources and support to community members from a variety of different backgrounds. Community support is not a resource which is solely of use to those groups that are considered to be marginalised or disadvantaged; it can increase the wellbeing of all groups in a society (Nelson & Prilleltensky, 2005). Community participation has already been outlined by Community Psychology Graduate Handbook (2007), as a core value for the practice of community psychology, and it was hoped that this study will act as a resource for this

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discipline and will hopefully have encouraged community members, particularly those which participated in this study, to discuss the role that this support has had in their lives.

By achieving these goals, then it was hoped that the time and effort that I, and many other parties have taken in producing this thesis, will be justified.

Overview of Content

This final section of the introduction to this thesis will now outline the key subjects which will be addressed in the following chapters of this text.

The next chapter of this thesis, Chapter Two has focused on reviewing the key findings from relevant literature. Subjects discussed in this chapter include the definitions of communities and community support, the tools which community psychologists can use to understand these experiences, and the role that these concepts can have in developing researchers' understanding of the experiences of families. The final section of this chapter includes a summary of some of the experiences that parents have already described, as outlined by previous literature.

Chapter Three has illustrated the research methods used in this thesis and the processes used to recruit participants and collect and analyse their data. Qualitative research methods were used as a tool in order to appropriately discuss New Zealanders' experiences of parenting. It was hoped that this chapter would provide a readers with the information and tools necessary, so that s/he would be able to judge the relevance of the findings and conclusions developed in this study.

Chapter Four has outlined the key findings which were developed from this study. This chapter is divided into two sections, the first describing the themes developed from participant interviews and the second exploring the experiences participants had of a range of community organisations. The significance of these findings is discussed in the following chapter, Chapter Five. This chapter also discusses the role that these findings play in the

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context of psychological research, with particular reference to the goals developed for this thesis, and the possible limitations which may have impacted on the relevance of the data collected for this study.

Chapter Six, the concluding chapter of this thesis, briefly outlines the key points from the various sections of this thesis, and discuss the relevance of these findings to the future research and practice of psychology.

This chapter, the introduction to this thesis, has outlined the history of this research topic, the goals set for this thesis, and the processes through which have been used to describe the content in this thesis. As the author of this piece of research, I perceived that there was a gap in psychologists' understanding of the impact of community support services on the social context of New Zealand families, a gap that this thesis has aimed to fill. The following chapter will elaborate on the findings which have been collected in previous literature on this topic, and the role these findings can play in increasing researchers' understanding of the social context of this research project.

Chapter 2: Literature Review

There have been a variety of studies on subject areas which have provided findings which are of relevance to this thesis. Some of the topics which have been explored by previous authors, include the definitions of community, parents' needs and experiences of community support, and the roles that these forms of support can play for a variety of different social groups in the New Zealand community. Previous research projects, particularly those which discussed the role of community support and the nature of the experiences of families, have been very consistent in the findings and conclusions they have developed from their studies. They have demonstrated that community support services for parents can not only lead to better outcomes for parents of young children, but for the children they care for as well, along with the family's local community (Gifford & Pirikahu, 2008; Halfon & McLearn, 2002; Kotchick & Forehand, 2002; Neal et al., 2007; O'Connor, 2001; Simons, Reynolds, Mannion & Morison, 2003; Slusser & Lange, 2002). However, while organisations such as the Families Commission have begun to explore the experiences of New Zealand parents and families in their research, the literature available on the experiences in New Zealand has not yet attempted to discuss the impacts which social support can have on families, particularly those that belong to dominant social groups. Therefore, this literature review will summarise the key findings from these previously published works, the implications of which will be discussed in later chapters of this study.

Theories of Community

What Is a Community?

One of the first questions which needs to be asked before we go on to explore the relationships between community organisations and communities is; what is a community? In addition, as many of the aspects which make up a community; relationships, social capital, attachment to a place, are based on theoretical concepts, then how can they be accurately

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studied and measured? This is not an easy question to answer, as the conceptualisation of community can be very hard to define (Sarason, 1974). However, the following section will describe some of the definitions of community which have been developed by previous researchers.

Nelson and Prilleltensky (2005) have a very broad definition of a community, describing it as representing a group or groups of citizens that have something in common. This grouping may or may not be easily identifiable, as it may be based around a variety of different social factors. It could be based on a geographical location or social group that people share, or it can be solely based on the series of common relationships that connect all of the members of a group (Nelson & Prilleltensky, 2005). While many communities may start out based on geographical locations or physical objects, it is the relationships which people share which represent the structure which makes up a community (Nelson & Prilleltensky, 2005). Nelson and Prilleltensky (2005) argue that communities function this way because people from all walks of life are in need of support in order for their lives to function. Thus, the presence of communities demonstrates “something very basic about being human: our need for affiliation in times of sorrow, our need for sharing in times of joy; and our need to be with people at all other times” (Nelson & Prilleltensky, 2005, p.94). Those people who are not connected to this system of relationships, would be considered to be marginalised, and while they may not be considered active members of the community, their experiences will also benefit from being acknowledged and discussed (Kagan & Burton, 2005; Hunter, 2009).

Hughey, Speer and Peterson’s (1999) study of sense of community in community organisations, they have elaborated on the conceptions of community put forward in the definition provided by Nelson and Prilleltensky (2005). They found that the sense of community is made up of four factors that people can experience. These four factors include

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a sense of emotional attachment to the people and organisations that exist in one's environment; the presence of an organisational structure that can handle individual concerns about the group's structure or function; the sharing of questions, concerns and political power with other members of this community and the sense amongst fellow community members of a bond or relationship with each other (Hughey, Speer & Peterson, 1999). They found that the sense of organisational structure that is present in the community is a powerful factor in facilitating the positive aspects of community membership (Hughey, Speer & Peterson 1999). This view is supported by Sarason (1974) who pointed out that researchers still need to acknowledge the varying structures and relationships that exist in communities. This is because:

a community contains a variety of institutions which may be formally or informally related to each other—or not related at all. It is made up of myriads of groups, transient or permanent, which may have similar or different purposes and vary in size, power and composition (Sarason, 1974, p.131).

Hughey, Speer and Peterson (1999) believe that the organisations and support services that exist in a community can be key sources of social resources and support. They observed that, “strategies involving deep sharing of disparate individual interests in an atmosphere of mutual support, linked to a legacy of effective external action, may be the preferred route to development of sense of community for community organizations” (Hughey, Speer & Peterson 1999, p.109). Community organisations, many of which include the community support services discussed in this study, can be a key agency for defining a community, for they are able to connect group members together in order to create a political voice that facilitates further action in the wider political environment.

Community Support

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Once we have begun to understand what features make up a community, we can then go on to further examine what elements of this community lead to people experiencing community or social support. In attempting to define community support, many researchers have turned to the ideas that have already been mentioned by previous authors, such as Hughey, Speer and Peterson (1999) and Nelson and Prilleltensky (2005). In the definition of community support provided by Herrero and Gracia (2007), they found that community support can be made up of a variety of factors, including feeling that a person is part of a larger structure; feeling of attachment to one's community; and the presence of social capital, or social resources that are present to facilitate cooperation and mutual benefit. Herrero and Gracia (2007) decided that in order to study community support they needed to measure three factors, community integration (feelings of attachment to one's community), community participation (participation in community activities) and use of community organisations (or the use of physical and emotional resources present in the community) According to Putnam (as cited in Nelson & Prilleltensky, 2005) support can be provided through communities using social capital or connections amongst individuals in order for the community to create resources that lead to positive outcomes for community participants. These connections lead people to feel that they are being supported, not just by friends or relatives, but by a whole portion of their society.

Community Support Services

While previous authors have already discussed the role which community organisations and support services can have in community formation, I would like to further examine the role that community support services play in providing social support. Cassel (1965), recommends several ways that community support services can build a strong relationship to their community and facilitate social support. Firstly, he recommends that in order for a community service to be successful, reciprocal relationships must be present. The

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service needs the support of community members and the community members need to support the service. Cassel (1965) states that “the agency and the community must . . . (communicate) in a sincere, honest and straightforward manner” (p.292). There should be no exploitation of either of the partners in this relationship. Cassel (1965) also recommends there must be effective two-way channels of communication between the members of the community and the representatives of the service, so that feedback can be discussed without any forms of misunderstanding that could lead to people being silenced. The factors which Cassel (1965) may be key tools which community services may use in order to meet the needs of their social groups. These values have been repeated in the findings of more recent studies, such as Dunham (2003), Myers-Walls and Myers-Bowman (as cited in Mertensmeyer & Fine, 2000) and Powell (2005). These authors suggest that free and open communication needs to be achieved in order to develop relationships between staff and community members which are based openness and trust, as well as the capacity for further political action. In order for this to take place, groups need to articulate the theoretical perspective underlying their programs (Mertensmeyer & Fine, 2000; Powell, 2005). Each service should be open to discussing underlying concepts that they have about the parenting, health and the needs of children, so that community members will be able to know if there is a relationship between their concepts of these issues, and those of the organisation.

Once a community support service has developed enough to functionally respond to the needs of its participants, there is evidence that the support that they provide can help a great deal in improving the community participants' well-being. Firstly, community support can significantly help in reducing the stress experienced by a variety of community groups (Nelson & Prilleltensky, 2005). As Jacobson (1984) discussed, there are several different conceptualisations of what people refer to as stress. Stress can result from an individual's basic needs not being met, it can result from a change in a person's environment that the

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person has difficulty adjusting to, or it can result from an imbalance in a person's demand for and access to perceived resources (Jacobson, 1984). As Jacobson (1984) says, "each of these concepts of stress implies a concept of support" (p.354) and community support services can play a great role in correcting all of these causes of stress. It has also been shown that the presence of social support can create significant improvements in a person's well being and mental health (Child Poverty Action Group, 2008; Herrero, & Gracia, 2007; Nelson & Prilleltensky, 2005). As Herrero, and Gracia (2007) discuss, "support processes . . . can influence cognition, emotions, and behaviours, which, in the case of mental health, would regulate these systems preventing extreme responses associated with dysfunction" (p.210). Nelson and Prilleltensky (2005) repeat these findings, saying that "compared with people with lower supports, those who enjoy more support from relatives and friends live longer, recover faster from illness, report better health and wellbeing, and cope better with adversities" (p.102). These findings are particularly relevant to the stresses that can be experienced by new parents in the transition to parenting.

Community Psychology

Community psychology is the sub-discipline of psychology of which is focused on researching and understanding peoples' experiences of communities, social systems and social support (Community Psychology Graduate Handbook, 2007). Therefore, in order to gain further understanding of this research topic, it can be useful to discuss community psychology and the techniques used by this sub-discipline in greater detail.

One of the most influential theories which has been adapted by community psychology is Bronfenbrenner's ecological view of human development (Mertensmeyer & Fine, 2000; Nelson & Prilleltensky, 2005). The ecological metaphor, as is it often termed, sees people as having a variety of relationships and levels of social contact that have implications for the way they live their lives (Nelson & Prilleltensky, 2005). These relationships can include a

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person's intimate relationships with immediate family and close friends, the person's social network of friends and colleagues, the institutions that people interact with, and even the person's culture and system of governance; and changes in all of these factors can impact on the experiences of each individual community member (Herrero, & Gracia, 2007; Kotchick & Forehand, 2002; Mertensmeyer & Fine, 2000). Using the diagram pictured in Figure 1, Kotchick and Forehand (2002) visually represent the different levels of social support and the way that change to each circle can impact on the experience of parenting for the parents and children. This view has been adopted by a variety of authors in order to discuss the experiences of parents and families, including Herrero and Gracia (2007), Kotchick and Forehand (2002), Mertensmeyer and Fine (2000) and Nelson and Prilleltensky (2005).

Another aspect of the ecological metaphor is the belief that people function by adapting to their social settings (Nelson & Prilleltensky, 2005). According to this theory, any changes that occur in a person's ecological structure of relationships will lead to changes in their other relationships. This means that, if one service which a parent relies on for support is removed or altered, then the family will have to adapt to this change in their environment (Nelson & Prilleltensky, 2005). As a result of changes to one aspect of the families' ecology, they may turn to another organisation or group to provide similar support, and if this support cannot be provided, the family may experience varying levels of stress. With the various social and developmental changes which parenting can bring, the concept of adaptation can be useful for understanding the experiences of parents with young children.

Another key theory which has been a great influence to the understanding of community psychology is the concept of social marginalisation. According to this view, those people who do not share relationships with the organisations and social groups which make up a community, will be prevented from being able to access resources and social reproductive activity, and therefore would be seen as marginalised (Kagan & Burton, 2005).

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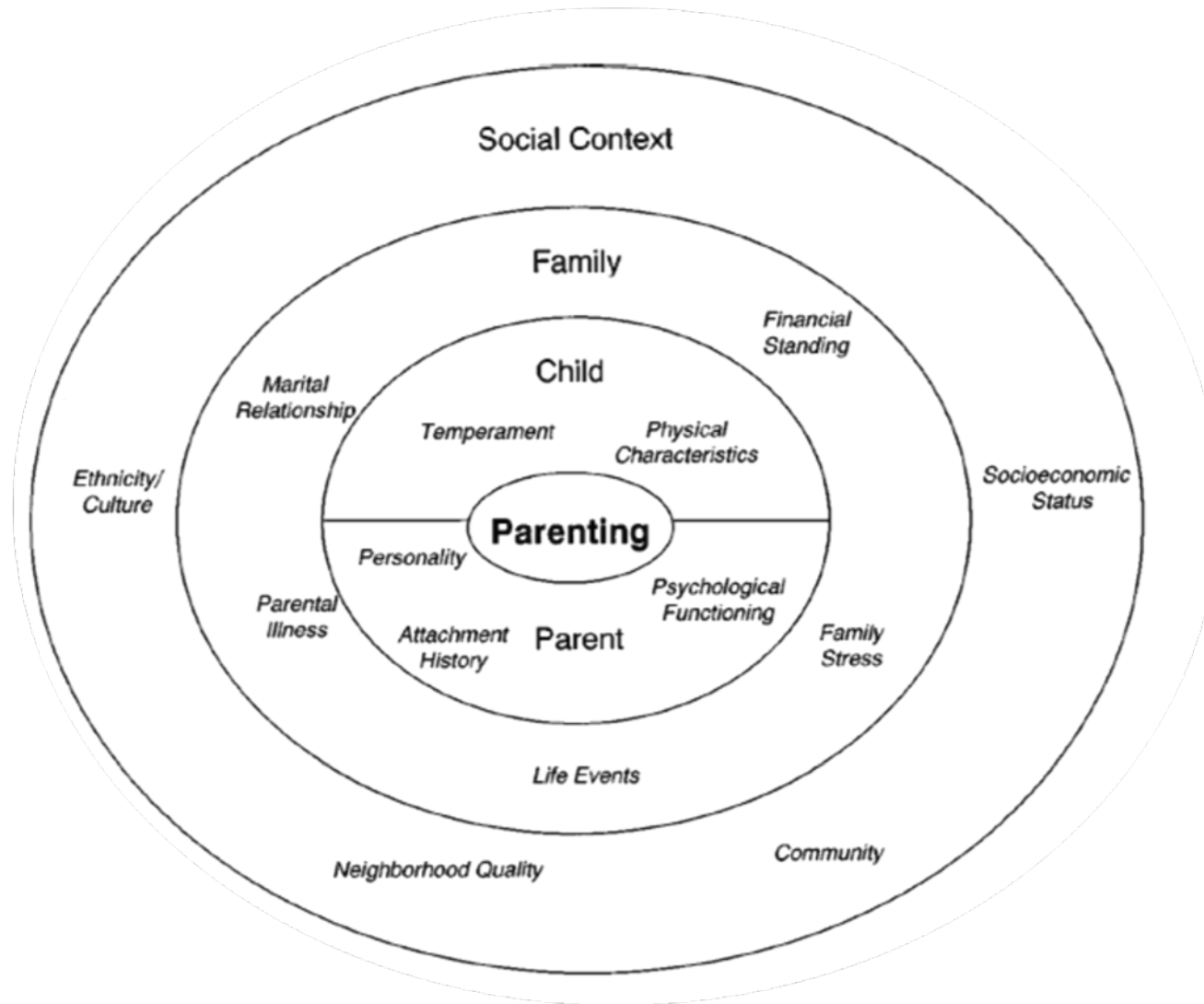


Figure 1: The ecology of parenting. From [Adapted from] "Putting Parenting in Perspective: A Discussion of the Contextual Factors that Shape Parenting Practices," by B. A. Kotchick and R. Forehand, 2002, Journal of Child & Family Studies, 11(3), p.258.

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This marginalisation, which may be experienced by parents and families from a wide variety of social groups, can prevent these families from achieving fulfilling social and political lives (Kagan & Burton, 2005; Lynam & Cowley, 2007). Social exclusion and marginalisation may be exacerbated by social policies that are present in government and local government bodies, which restrict access to social resources such as education, health services, housing, income, leisure activities and work (Kagan & Burton, 2005). The consequences of marginalisation may be varied, as not only does it impact on people's access to resources, but the negative messages directed at these groups may also be internalised, so that marginalised peoples may adopt the negative images and representations with which the dominant social group labels them (Kagan & Burton, 2005; Lynam & Cowley, 2007). Another concept which is connected with the principle of marginality is the concept of social inclusion/exclusion (Hunter, 2009). People who are experiencing social exclusion will not have access to financial and practical resources that are distributed through a community, they will be isolated from decision making processes, and will be unable to achieve social and cultural wellbeing (Hunter, 2009). However, through the processes of liberation and social inclusion, where marginalised peoples gain greater participation in decision making process, the forces which marginalise people can be challenged (Hunter, 2009; Kagan & Burton, 2005).

A final value of community psychology, which has implications for the understanding of this study is the idea of empowerment (Nelson & Prilleltensky, 2005). The concept of empowerment refers to the way in which, when support and opportunities for political action are provided to social groups who are marginalised, communities and community services can promote a greater sense of personal power amongst these groups. As Dunham (2003) describes it,

A sound philosophy of community organisations would be rooted in democracy and oriented to its values of ultimate control by the whole people; the right to self

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determination by the individual, the group, and the community; cooperation and mutual participation in the achievement of common goals (p.95).

These principles are a particularly useful addition to our understanding of social and organisational support, and the impact this support can have on parenting.

Stressors Experienced by Parents and Families

A large number of previous researchers have found that the experience of parenting bring with it, a number of stresses (Belsky & Rovine, 1984; Halfon & McLearn, 2002; Kotchick & Forehand, 2002; Nash & Martin, 1995; O'Connor, 2001; Simons, Reynolds, Mannion & Morison, 2003). Mertensmeyer and Fine (2000) believe that the experience of stress associated with parenting may be a widespread feature, and say

A number of authors have recently suggested that there is a growing need for parenting education and family support programs that are comprehensive, integrated, responsive to community needs, flexible, and creative in using technology as a means to disseminate information (p. 257).

Therefore, parents need to be able to access sources of support which begin during pregnancy, and they need this support to continue throughout the time they are caring for their child/children (O'Connor, 2001).

There are a variety of social factors that can lead to parents experiencing stress. These factors include the physical stress of pregnancy, delivery and/or learning to breastfeed, the demands of a young baby or child; the pressures of changing social roles and the developmental changes which both parents and children go through (Halfon & McLearn, 2002; Simons, Reynolds, Mannion & Morison, 2003; The Boston Women's Health Book Collective, 2005). These stresses are often exacerbated by the social expectations placed on parents; the isolation that many mothers experience in western society, the responsibilities that various commitments place on parents' time and other situational factors such as illness

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or lack of support that parents may be experiencing (Belsky & Rovine, 1984; Kotchick & Forehand, 2002; Nash & Martin, 1995; O'Connor, 2001; The Boston Women's Health Book Collective, 2005). An example of these findings can be seen in O'Connor's (2001) study of a community mothers' programme. In this study, when the participants were asked what coming home from the hospital or birthing centre was like, fifty percent of them used very graphic negative phrases, such as: it was 'terrible', 'very hard, very stressful', 'it was hectic. I felt smothered, fit to kill someone' (O'Connor, 2001, p.69). Therefore, throughout the transition to parenthood, and the challenges which various stages of child development can bring, parents will need to be able adapt their lifestyles in order to deal with to this stress (Nelson & Prilleltensky, 2005).

One factor which Garbarino, Bradshaw and Kostelny (2005), and Kotchick and Forehand (2002) found to have a great influence on families, is the experience of poverty, unemployment, or underemployment. According to UNICEF (as cited in Peirson, 2005), one in six children in the OECD countries (which include New Zealand), live in poverty. The UNICEF statistics for 2007 (cited by Child Poverty Action Group, 2008) found that just under fifteen percent of New Zealand children were living in households with equivalent income less than fifty percent of the median income and the Office for the Commissioner for Children has found that child poverty rates in New Zealand, while declining, are still above the average of other developed countries (Children's Commissioner, 2008). Garbarino, Bradshaw and Kostelny (2005), Halfon and McLearn (2002), Kotchick and Forehand (2002) and Peirson (2005) all found that poverty and disadvantage can negatively affect people's experiences of parenting in a variety of ways, including causing disruption to parenting practices, causing strain on parents' emotional resources, and isolating families from many of the resources that are available in their communities. These experiences of disadvantage are not solely the experience of families living below the poverty lines, as Peirson, (2005) and

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O'Connor (2001) both found that even without the experience of poverty, many families can still experience barriers and disadvantages when attempting to access resources in their communities. These experiences need to be acknowledged by community organisations and other community groups, not just to improve the lives of the poor and disadvantaged, but to improve the health and wealth of society as a whole (Halfon & McLearn, 2002).

In order to provide an effective source of support for families, community organisations need to acknowledge the possible impact that the family's environment and social and cultural experiences. The reason for this is that parents and families often adapt the parenting practices they use and the way which they interact with their environment in order for these to fit with their social situation (Kotchick & Forehand, 2002). Because of this, the practices which may seem to be negligent or maladaptive in one social context may be appropriate in the context of another (Kotchick & Forehand, 2002; Webber & Boromeo, 2005). The findings of researchers such as Kotchick and Forehand, (2002) and Webber and Boromeo (2005) challenge the assumption that many community organisations have, that there are universal practices that are necessary for successful or effective parenting. They also indicate that community organisations need to be flexible with the practical help and advice that they deliver, in order to meet the needs of the families in their community who may at the same time come from a large number of differing social groups (Kotchick & Forehand, 2002; Webber & Boromeo, 2005). No judgements should be made, about the tools and techniques used by families, until environment in which these tools are being used, has been understood. However, despite the varying experiences and needs which families may have, Kotchick and Forehand (2002), found that "parenting programs often operate as if 'the family lived in a vacuum,' with little consideration to the factors that may contribute to the development and expression of parenting practices themselves" (p.81). Mertensmeyer and Fine (2000) and Peirson (2005) both suggested that these social factors need to be taken into

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account the support services which work with families. One example of a way that this can be done is by using community psychology values such as the importance of empowerment and the ecological view of parenting, where, as Mertensmeyer and Fine (2000) describe, “issues are not dealt with in isolation but are addressed by considering a multitude of factors” (p.257).

Another of the factors which can account for the negative experiences of many social groups, who access community support services, is the experience of patronising and marginalising behaviour from community professionals. In their study of the way parents with Māori children were treated by hospitals and the health sector, Bolitho and Huntington (2006) found that parents felt that their own personal knowledge and experiences were ignored by the health care services that they accessed. They found that the patronising behaviour of professionals undermined their confidence in their parenting instincts, even when these instincts proved to be correct; and this made parents feel disempowered and particularly vulnerable (Bolitho & Huntington, 2006). As one parent described "each of these times that I took her to the doctor I was almost, not brushed aside, but made to feel like I was being over protective or maybe being a hypochondriac for my daughter" (Bolitho & Huntington, 2006, p.30). Bolitho and Huntington (2006) believe that this behaviour is a major reason as to why Māori children continue to be over represented in statistics related to ill health and hospital admissions throughout New Zealand. This is just one example of the many ways that social groups in New Zealand may be marginalised, however conducting research, such as this thesis, and discussing their experiences of support services with community members, we can act to empower these social groups to ensure that they receive access to the support they deserve.

The underlying issue which may be behind the negative experiences which many parents have when accessing support services, is the hegemonic and often patriarchal

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attitudes which govern the institutions involved in the practice of childcare. In New Zealand culture there exists an often unspoken dominance of men over women. This dominance is reinforced by social systems which many feminists refer to as patriarchal, where there men have most of the power and control, and women are disadvantaged (Simon-Kumar, 2007). In this society, the carers of children, many of whom are women, are dominated and marginalised by the many, male dominated institutions which exist in their community (Gottfried, 1998). This dominance reinforces the gender stereotypes which are present in New Zealand culture, and strengthens the power and control experienced by those who are in power, who are (mostly) men (Gottfried, 1998; Schmitt & Wirth, 2009). One of the most obvious examples of a patriarchal institution, which can have a great impact on the experience of parents, is the body of medicine. There are many ways that the behaviour of medical personal may undermine the rights of women. When Stevens in 1975 (as cited by Gridley & Turder, 2005) observed women's experiences of doctors and other medical professionals, she said that "if we ask our doctor too many questions we're neurotic and/or pushy and if we expect community care for children we're selfish" (p.365). Women may even find that their social rights are undermined by the female doctors and other staff that they interact with, because in order to function in the field of medicine, professionals need to reinforce rigidly defined identities which see the professional (male) as being smarter and more capable than the lay-person (female) (Kaiser, 2002). These processes need to be acknowledged by researchers looking at this topic, so that we can understand the power structures which govern systems of care.

One final factor which can have a considerable impact of families' experiences parenting services is the fact that many families, in particular families from marginalised or lower socio-economic groups, may have negative experiences of community support groups or find that the services that these groups prove to be stigmatising (Banks, 2008). One

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particular reason for this is that, for many groups, including the Māori of New Zealand, support services have long been associated with the services that check up on families in suspected cases of abuse (Gifford & Pirikahu, 2008; Halfon & McLearn, 2002). Even though most of these families should have no reason to fear intervention in their homes and families, there is a fear amongst many minority groups that the practices that have proven to be effective in their culture or family context, may be misinterpreted and judged as negligent (or worse), by the white, middleclass people who may be organising or running these programmes (Banks, 2008; O'Connor, 2001). Halfon and McLearn (2002) do suggest a variety of ways that community support services can reduce this stigma, such as providing services that are designed by that group, for that group; or creating universal services that are provided to all groups in the same format (so reducing the perception that the services directed at minority groups provide a different service from those catering to the majority population). These features may be able to help reduce this stigmatisation and will encourage a variety of community members to participate in the support services available in their community, without fear.

Impact of Community Support Services on Families

When the needs which were discussed in the previous section have been addressed, there are a large variety of ways which community services can positively impact on the lives of children, parents and other family members. There have been a number of studies that have suggested that parents with young children, including those in safe and stable socio-economic situations, may benefit from access to community and social support (Gifford & Pirikahu, 2008; Halfon & McLearn, 2002; Powell, 2005; Simons, Reynolds, Mannion & Morison. 2003). Simons, Reynolds, Mannion and Morison (2003), found that mothers' access to social support (in the form of health care workers that are trained to constructively listen to women and encourage them to discuss any possible relationship problems) led to faster

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recovery amongst women who were experiencing postnatal depression. They also found this easily-trained source of support provided by health workers, who visit women in their homes (similar to the service that the Plunket Society provides in New Zealand), “was just as effective as cognitive-behavioural therapy and psychodynamic treatment provided by specialists” (Simons, Reynolds, Mannion & Morison, 2003, p.410). Halfon and McLearn (2002) and Powell (2005) discussed the therapeutic role that supportive listening can play in families that need extra support, and in particular, to support the role that community nurses play, providing families with information and guidance, as well as an ear to listen to any problems they might want to discuss. Gifford and Pirikahu (2008) also believe that community support services can have a positive impact on the experiences of Māori families. The community service referenced in Gifford and Pirikahu’s study (2008) was shown to help participants develop strategies for dealing with their children’s behaviour; to create a sense of camaraderie or whanaungatanga (what McNatty, 2001 describes as a physical and spiritual sense of combined relationships) amongst community members and to increase parents’ knowledge and understanding of the relationship that they have with their children.

Not only does this support improve the health and wellbeing among the parents of young children, it has also been shown to have a considerable impact on the wellbeing of children, particularly if the parents are experiencing poverty or any other form of social or economic disadvantage (Halfon & McLearn, 2002; Kotchick & Forehand, 2002; Neal et al., 2007; O’Connor, 2001; Slusser & Lange, 2002). As Halfon and McLearn (2002) said “early intervention programmes that target high risk, multiple needs families and involve the family as a unit, appear to be very effective in enhancing children’s health status, motivation, and general social competence” (p.396). Therefore, when used sensitively and appropriately, community organisations and community support have a profound impact on the experiences

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of caring for a young child which can lead to improvements in the quality of life for both parents, and other family members.

Social Groups in the New Zealand Community

In this section of the literature review I discuss the findings that have particular implications for the social groups living in New Zealand. As Kotchick and Forehand (2002) discuss in their report, parenting is guided by both the past and current conditions that exist in any community; and therefore it is critical for those who study parenting to consider the broader social context in which parenting, and parenting organisations exist. Therefore, I will now go on to discuss some examples of the differing community groups with support services may come in contact with, and the unique values and experiences they have, which will impact on their experience of parenting.

One of the reasons that New Zealand has a unique cultural history and a need for services to function differently from those in other countries, is the presence of Māori and the other social and cultural groups that exist in this country. It is important to note the needs of these groups in order to make sure that community programmes are culturally appropriate and developed with opportunities for consultation given to all of their potential users (Gray & Gray Matter Research Ltd, 2001). As Parke and colleagues (2005) say, “we have a moral obligation to better understand large segments of our population in order to be able to develop and provide culturally sensitive services” (p.116). One of the most important aspects of best practice for community services in New Zealand is that they need to acknowledge the Treaty of Waitangi and the resulting bicultural nature of New Zealand society (Gifford & Pirikahu, 2008).

One of the ways that services can honour the Treaty of Waitangi is by providing programmes that cater to the unique and specific needs of Māori (Bolitho & Huntington, 2006). Community service can do this by providing a holistic approach to assisting with

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people's problems, incorporating the whole whānau into the treatment process, making sure that resources are easily accessible and costs are low, and using appropriate methods of recruitment such as involving people with whanaungatanga with families and communities in the recruitment process (Gifford & Pirikahu, 2008). However, Māori themselves also represent a diverse group of people, so it is important the community groups do not simply gather material sourced from, or directed at one particular Māori experience, and then generalise this information to other Māori whānau, hapu, or iwi (McNatty, 2001). Finally, McNatty (2001) recommends that community groups should embrace the value of whanaungatanga, or the sense of combined relationships that community members can have, and see this value as an essential component that makes a community group or organisation in New Zealand function. By using these techniques, community groups may make a significant step towards caring for the needs of Māori.

There are also a wide variety of other ethnic groups in New Zealand that will have need of the services provided by community groups. Because these groups are so diverse and their needs are so varied, it can be hard for community organisations to work out how to cater to the varying needs of all these social groups. Some of the suggestions that Gray and Gray Matter Research Limited (2001) have made, are to involve all family members, including extended family, in the support programme; to tailor the programme to the needs of each family; to develop ongoing relationships with various different community groups that community organisations may be working with and to train community workers in flexible techniques which can be tailored to the needs of different groups. In the Families Commission (2008) report, these researchers looked at the experiences of a variety of different migrant and refugee families with young children who live in different parts of New Zealand. One of the topics they discussed with these groups was what their needs for support are, both the needs that they shared with other migrant groups, and the needs that were unique

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to each community (Families Commission, 2008). Some of the most salient needs that were mentioned by these parents included; the need for childcare so that mothers can take part in the workplace or take on further education (particularly English as a second language, or ESL), the need for extra support to counter the isolation many families are experiencing after being separated from their extended families or communities, the need for support to be provided for other, extended family members that take on a significant proportion of childcare and the need for Early Childhood Education (ECE) services to be extended to provide support for children under three (Families Commission, 2008). Many of these issues may be shared by other cultural groups in New Zealand, including Māori and Pakeha families, so these are not just 'ethnic' issues that can be dismissed as belonging to a minority portion of the population.

Another experience of families in the New Zealand community, which has great relevance to many of the participants in this study, is the unique experiences and needs of sole parent families. Previous authors have noted a range of experiences that sole parents can have, that will impact on both their needs for community support services, and their experience of parenting (Robinson, 2009). One of the most significant stresses that experienced by sole parents is the experience of social stigma. Despite the overwhelming evidence that sole parenting does not lead to any adverse outcomes for children, Webber and Boromeo (2005) found that the experiences associated with sole parenthood, such as divorce and separation, carry with it a great deal of social stigma, that can have a negative impact on the experiences of parents and families (Robinson, 2009). These findings were supported by Bank's (2008) study of the experiences of young, often sole parenting mothers. She found that the experience of social judgement "has a profound effect on young women's experience of pregnancy and motherhood, impacting their mothering identities, self-esteem and confidence." (p.61). Walter (2002) and Robinson (2009) also both found that the experience

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of being a sole carer for a child can lead to disadvantage being experienced by the families. This disadvantage can take the form of barriers, preventing sole parents from accessing employment, housing, other possible sources of income and opportunities for social participation (Child Poverty Action Group, 2008; Robinson, 2009; Walter, 2002). Because of their lack of mobility and isolation from the community around them, many sole parents were not aware of the services that were available and the opportunities they had to access help (Webber & Boromeo, 2005). These disadvantages mean that sole parents still comprise around half of the poorest twenty percent of Australian families (Robinson, 2009; Walter, 2002). The New Zealand Office for the Children's Commissioner found that for children living in sole-parent families, the rate of poverty (forty-nine percent) is five times as high as that for children in coupled households (nine percent) (Children's Commissioner, 2008). Stress could be experienced as the result of poverty and other issues, including pressure of having sole responsibility for the care of their children (Robinson, 2009). Many parents have experienced feelings of loneliness, self-doubt and guilt, as they questioned whether they were capable of providing for all their children's needs (Robinson, 2009; Webber & Boromeo, 2005).

Sole parents may also experience discrimination which may impact on their access to money and other resources. In a selection of studies that took place in Australia, Walter (2002) and Webber and Boromeo (2005) both found that, in particular, sole parents had very negative experiences of the services provided by the government and government agencies. These experiences were repeated in the participants in the study conducted by Banks (2008), who felt that they were being judged and monitored by services such as Work and Income New Zealand (WINZ), which were supposedly aimed to support them. However, support from community organisations is still a resource that sole parents need, and when this support

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is non-judgemental and targeted to the particular needs and experiences that sole parents may have, it has been shown to be very effective (Robinson, 2009; Webber & Boromeo, 2005).

Another key source of support for parents who are caring for children alone is the support provided by friends, family and support networks that they may have access to. Webber and Boromeo (2005) and Robinson (2009) both cited several different reports and studies that found that these supports have a great impact on the social and emotional success of sole parent families, and in particular transition to sole parenthood, after the break-up of an existing relationship or the birth of a child. In fact, Webber and Boromeo (2005) found in their study that “nine of the ten participants saw their support networks as having an essential role to play in their personal well-being and support of the children in the initial stages” (p.273). This impact of social support has been repeated in the findings developed in this study.

Personal Descriptions of the Experience of Parenting, Provided by Parents

In this, the final section of the literature review, I have collected together some descriptions of the experience of parenting, as collected in other, previously published works. Many of the sources which have already been outlined in this chapter also provided detailed accounts on the experiences of parenting, as described by parents themselves. I have summarised a small selection of these resources, in order to collect some descriptions of personal experiences of parenting, which may be of use for future analysis. Some of these texts, such as Sunde, Andrews and Court (2007) were collections of short essays which were written by the parents of children from a variety of ages, in order to describe their experiences, and others, like Families Commission (2008), where scholarly articles which I chose because they contain large portions of quotes and examples, from material could be gathered. The key findings which were collected are summarised in the passage that follows:

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One of the most prominent themes that came out of these materials was of the unique joys that parents can experience when caring for their children. To some new mothers this feeling came as a surprise, as articulated by Kenina Court (as cited in Sunde, Andrews & Court, 2007), who said that “all these experiences – bathing him, changing him, coming to terms with the nappies, night feeds!! It was actually quite enjoyable” (p.14). This feeling is also described at great length by a new mother from the United States (The Boston Women’s Health Book Collective, 2005). She said that

Even though I’d had a long and difficult labour, I felt ecstatic after the baby was born. I wanted to leap out of bed and run around the room to celebrate. Then, after a couple of hours, fatigue caught up with me, and I began to feel utterly exhausted. Every muscle and bone ached. Still, I didn’t mind somehow. It was a good kind of tiredness – the kind that comes when you’ve been pushed to the limits of your capabilities.

Along with the weariness came new, quieter feelings of peace, happiness, tenderness for my baby, and a connection to all womankind! (p.475-476).

This goes to show that even with stressful experiences, such as birth and the transition to being a new parent, having a new child can still be very rewarding. These feelings of joy can continue throughout your life as a parent, with Lisa Er (as cited in Sunde, Andrews & Court, 2007) saying “I enjoyed giving time to my family. I was completely absorbed in providing for their every need” (p.120). However, many of these parents commented that with this experience of joy comes a variety of stresses and negative feelings that make up both sides of the experience of parenting.

A large number of the sources which I consulted commented on the combination of feeling of stress and responsibility which played a large part in dictating their experience of parenting. Robin Pearce (as cited in Sunde, Andrews & Court, 2007) commented on this, saying that when you are a parent, “the ‘should’ words are many and the anxiety levels were

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high,” (p.59). She also observes that “I’m sure I’m not the only parent to wonder if I was doing the right thing”. Ann Andrews (as cited in Sunde, Andrews & Court, 2007) also commented on this feeling and the social pressure that is placed on mothers, saying “perhaps every Mum harbours that same sense of not having been the perfect Mum. Of not having done the job as well as we, or our partners, or society, or even our children, expected” (p.74). In this way, it is society that places these pressures on mothers, to do and be everything to their families, and these expectations are something that mothers have to deal with. Several mothers commented that, despite the fact that they were adult women who are used to being responsible and in control of their lives, being a mother forced them to experience feelings of vulnerability and lack of control that were difficult to come to terms with. As Kenina Court (as cited in Sunde, Andrews & Court, 2007) describes the experience of caring for a young baby, “the whole situation was another sign of how out of control your life can get when you have another human being involved who has no understanding of time” (p.13). This feeling can start right from when the mother first gives birth (or even before), and can continue throughout the time it take to raise a family. However, with this experience of stress, comes the ability to learn how to adapt to a new way of life. One of the contributors to The Boston Women’s Health Book Collective (2005) described

I can’t say it was easy, but when I look at my little girl, I marvel at the transformation that she and I have experienced together. She has brought passion and creativity into my life. I have so much more spontaneity and joy. And I am learning that I actually have it within me to be a mother (p.483-484).

This learning experience is something that all parents will go through, and like any of the trials that people experience, it may help them to grow as people.

Another factor that also leads to the stress that many people experience when raising young children, is the experience of exhaustion and the need for rest and opportunities for

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time out. In Sunde, Andrews and Court (2007), both Helen Macky and Brenda Kirk described the stress of having to deal with young children's sleeping problems. In particular, Kirk describes her experience with a daughter that did not sleep through the night until she was five years old (Sunde, Andrews & Court, 2007). She received endless advice from friends and family as to techniques that she could use to treat this problem, but this advice only ended up causing more stress for Kirk and her daughter (Sunde, Andrews & Court, 2007).

She says that

I remember one nigh having friends over for a BBQ and they insisted that the answer was to let Aleesha cry herself to sleep. At 1am she was still going. I was distraught.

She was distraught. In fact, she was bloody hysterical. Poor wee tot, all this confusion (Sunde, Andrews & Court, 2007, p.109).

Because of the sleep deprivation, and the stress and responsibility associated with parenting, several women commented on the need for services to be provided so they can have some time out. As Lisa Er (as cited in Sunde, Andrews & Court, 2007), said "I had no time to BE who I truly was. I couldn't experience it, because I was putting myself aside and BEING a parent. And this parent had to Mother, Father, and be the breadwinner" (p.119).

This need for free time is strongly connected to the need for Early Childhood Education services, or if these are unavailable, day-care services, that were described by various participants in Families Commission (2008) report. As one of the Russian speaking mothers described it, "It is difficult... I want some rest ... when they a little bit grow... I would like some childcare" (Families Commission, 2008, p.16). However, for many of these families, access to these services was not available, mostly due to lengthy waiting lists and the fees that are charged by these services (Families Commission, 2008). As a Mandarin speaking parent from the Hamilton region (as cited by Families Commission, 2008) described

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I heard in Hamilton you have to book in about, like, one year ahead before your child turns three so they can go to kindergarten . . . I heard even some day-care you have to wait for a while before you can get your baby to a day-care (p.14).

When access to childcare services was provided, it was believed to have a significant impact on families, not only by providing parents with time-out, but with opportunities for low income families to find jobs or complete qualifications that may increase their quality of life in the future (Families Commission, 2008). This is a service that current ECE services, crèches and other forms of childcare available do not seem to provide.

The final experience that many parents in these sources commented on is the experience of isolation that families, and particularly mothers, have if they choose to parent full time. As Kenina Court (as cited in Sunde, Andrews & Court, 2007), described, coming home from the hospital can be a rather shocking experience, “when you get home, and it’s quiet and you’re it. Suddenly there’s no-one else except you. Sure, there are numbers you can call, but it’s not the same as having the help right there on tap” (p.14). A contributor to The Boston Women’s Health Book Collective (2005) also described this feeling, saying, “I have no support. It’s just me and my baby. I want him with me at all times, because that’s where he’s gonna be for a whole lot of years, and that’s where I want him to be” (p.479). This experience of isolation was particularly relevant to the group of Sudanese mothers interviewed in Families Commission (2008), many of whom came to New Zealand as refugees. For them, this isolation was compounded by the assumption that services and policy makers have, that they are happy and adapting to New Zealand society (Families Commission, 2008). As one mother (as cited by Families Commission, 2008), described it

Nobody knows what is going on behind the curtain and is all very hard. We need people to come into the community, to come into the ground and see what is happening, not just doing the research on the internet (p.26).

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Therefore, the experience of isolation of families is an experience that families from a variety of backgrounds have experienced, and this needs to be taken into account by the services in the parents' community.

While many of the parents referenced here have commented on the stresses and other aspects of the emotional experience of parenting, there is one source of support that parents considered to have had a large impact on their lives, and this is the time spent with other parents. This support could be provided through Playcentre, other play groups, or even informal groups of parents who share the experience of having young children. Two mothers of young children, (both cited in Nash & Martin, 1995) both described how coming to Playcentre was a time of rest for both the mothers, and their children. Cathy Kyle (as cited in Nash & Martin, 1995) said that

It's a time for the children to play, but it is also a time for the mothers, a time when you come and say 'Oh, its been a heck of a day,' 'I need a break' or come have a coffee with somebody (n.p.).

According to an unnamed participant (as cited in Nash & Martin, 1995) this experience not only increases the families' wellbeing when they are at the group, but also when they are at home, saying

You can be very isolated when you live and work in your own home, but when you come out here and see everyone else has got screaming kids, and dirty nappies and the good things as well, you cope so much better at home (n.p.).

In their study of the experiences of sole parents, Webber and Boromeo (2005) also found that time spent with parents in playgroups and other social situations had a great impact on the experiences of one of their participants, who was a recently widowed father. After the changes that had happened in this participant's life, as a result of his wife's death, he found

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that play groups and other opportunities to spend time with other parents were key source of support for him. As he described

I went to a playgroup and made a completely different circle of friends quite easily. I joined a playhouse and made a friend Diane. She introduced me to her husband Graham, and we became friends. This seemed to be the thing with the ladies. They were inclusive. Annette was very friendly and introduced me to her husband Mark. We became great mates (Webber and Boromeo, 2005, p.275)

This type of support can be seen the world over, as an American contributor to The Boston Women's Health Book Collective (2005) described

When Willie was just a few months old, I joined a playgroup with several other mothers in the area. While the group was formed to get babies together, its real function was as a support group for the mothers. It was reassuring to hear that someone else's baby was colicky and had been up all night, and to trade information and suggestions as to what we could do. It was also a help to share some of the ambivalent feeling about motherhood and discover that I wasn't the only one. I came to look on the playgroup as an oasis in what was otherwise a somewhat lonely existence (p.487).

As well as the support provided by playgroups, many parents such as Kenina Court (as cited in Sunde, Andrews & Court, 2007) found that a network of close friends could provide the same forms of support. Webber and Boromeo (2005) also found that friendships were a key source of support for sole parents, particularly those who were recently separated from their partners. As one participant described, her key sources of support came from two particular friends:

One had been through lots of it herself and was able to give me lots of advice and just understanding of where I was at and she knew where I was in my head and another

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one because she took me out and made me laugh. Made me forget about the children every now and then and not take myself so seriously (Webber and Boromeo, 2005, p.274).

In this chapter I have summarised the findings developed in previous literature on this topic. This chapter has described the importance of community support to people from a variety of social groups, and the role that this support can play in improving the experiences of parents. In this chapter I have also included an examination of the quotes and personal descriptions of the experiences of parenting, provided in previous literature, as these descriptions of the experiences of parents can help us to understand the relationship between the experiences of the participants in this study, and the experiences described by other families. While few of these resources, except for those that dealt with specific ethnic groups (for example, Māori), made any comment on the implications of these findings to the social context in New Zealand, this issue will be further explored in the body of this study. The findings which were developed from previous literature were remarkably constant in the ideas which they discussed and the conclusions which they made. This consistency may reinforce the relevance of these findings and the significance which they have for the understanding of social groups and community psychology. However, they also may indicate a lack of breadth in the techniques used and the ideas discussed in previous research, as if these projects have aimed to reinforce the conclusions that have previously been made, rather than explore any ideas that are new. These limitations, and the role that this research project may play in correcting them, are explored in further detail in later chapters of this thesis.

Chapter 3: Methodology

In the following chapter I have detailed the processes involved in planning, completing and publicising this thesis. The aim of this chapter is to provide an accurate description of these processes, so that any reader can understand their relevance and impact on this study. As discussed by Braun and Clarke, (2006), “qualitative psychologists need to be clear about what they are doing and why, and to include the often-omitted ‘how’ they did their analysis in their reports” (p.78). This description will be provided in the following sections:

Theoretical Framework

The theoretical framework that I have chosen to use for this study is based on that of qualitative research. The main focus of qualitative research is on finding the meanings and possible interpretations of the experiences that people have had (Liamputtong & Ezzy, 2005). Rather than being a set of instructions as to how to conduct a piece of research, qualitative research could be better described a set of flexible tools, and the techniques that are used vary from study to study. Qualitative research takes place in the real world, rather than a laboratory setting and it focuses on context and the meanings that this environment creates and therefore uses words and language as a tool, rather than numbers and mathematics (Bryman, 2004; Liamputtong & Ezzy, 2005). As qualitative research can be made up of multiple research methods the techniques used are said to be emergent and interpretive, so the questions and tools that the researcher uses may not be predetermined, but developed and refined during the course of the research (Liamputtong & Ezzy, 2005). These techniques aim to represent the world as seen by the participants in the study, rather than the researcher, and because of this, many researchers have found that qualitative research may benefit the researcher by increasing their reflexivity and self awareness, as well as providing a medium where the participants concerns can be voiced to a wider audience (Liamputtong & Ezzy,

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2005). Because of this qualitative research can be empowering to the various parties involved, including the researcher (Liamputtong & Ezzy, 2005).

While qualitative research could be understood to be one theory in its own right, it is in fact made up of a variety of different theories and conceptualisations, all of which have added to the understanding qualitative research. Examples of the theories that have informed the techniques I have used in this study include phenomenology, ethnographic research, naturalistic research and resiliency (Braun & Clarke, 2006; Bryman, 2004; Liamputtong & Ezzy, 2005; Webber and Boromeo, 2005). While these theories have all played a role in the development of qualitative research as a tool, I have not strictly followed the principles suggested in any one of these theories, and instead chosen to use an amalgamation of various different techniques which may be appropriate for the context of this research.

While the theories that were previously outlined, have all informed the techniques used in this research, the theory which I believe is key to the understanding of this thesis is that of feminism. A researcher from the feminist perspective aims to uncover the underlying political ideas and experiences which govern everyday life (Liamputtong & Ezzy, 2005). Not only do feminist researchers analyse the role that politics can play in the environments and social groups which they are to study, they also aim to acknowledge the political nature of research (Liamputtong & Ezzy, 2005). For this reason they aim to use research techniques which allow them to be as reflective as possible (Liamputtong & Ezzy, 2005). This way, feminist researchers acknowledge their role as the researcher and the part they play in these processes (Liamputtong & Ezzy, 2005). Feminism's interest in women's stories is particularly relevant for this study, as many of the ideas and views about issues such as child development and parenting have historically been developed by men, and therefore reinforce a biased view of the world that may not take into account all of the issues and experiences that women may have (Bryman, 2004; Kedgley, 1996). However, feminist techniques are not

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solely used for describing the views of women and women's experiences of the world, as the emphasis on reflexivity and describing the political environments which people live can be of use to projects looking at the lives of variety of different social groups. By carefully listening to the experiences of participants in this study, and developing theories and understandings of the world based on their experiences I may hopefully gain a greater understanding of the processes which are involved in accessing services and caring for children (Bryman, 2004).

I will now go on to describe the research techniques that these theories informed and the way they were used in this study.

Recruitment

A wide variety of processes were used in order to recruit participants for this study. The aim this study was to get a vivid description of the experiences of a selection of families from a range of different backgrounds and with a range of different experiences. Therefore, by publicising this study in a selection of different venues, I aimed to gather a variety of participants who have an assortment of different experiences of parenting.

In order to publicise the material for this study I decided that the best starting point for recruitment was to contact relevant ECE and similar services in the Hamilton community. I approached a selection of local Playcentres, Kindergartens and Kohanga Reos, as well as the Waikato Plunket Association to try and build a relationship with these groups and see how they could be able to assist me with my study. In order to do this, I sent these services an email introducing myself and this study, and asked them to contact me if they wished to participate. If this did not elicit a response I followed these emails up with a phone call. Not all branches or services contacted me back, and some key community services did decline to participate. The end result of this was that I successfully made contact with four of the local Kindergartens and the representative of the 11 local Playcentres in Hamilton area. These groups all assisted in publicising my study, by displaying information sheets and flyers on

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their premises, by mentioning my study in any meetings, newsletters and other publications, and by recommending my study to any parents whom they thought might be interested.

I also contacted a selection of other, general community organisations which I believed parents with young children would frequent and asked if they would be able to display my materials or provide information about my study to possible participants. These services included a local community centre, three medical centres in the Hillcrest area, various student lounges around the University, the 6 local Libraries in the Hamilton region, two local supermarkets in Central City and Chartwell, the discussion forum of four national websites (www.ohbaby.co.nz; www.littlies.co.nz; <http://www.mothersonline.co.nz/> and <http://www.everybody.co.nz>) and one home-based carer in Hamilton East. However, I cannot guarantee that the materials I provided did end up being presented in all cases, as this decision was up to the discretion of the particular staff members at these various organisations. I also asked friends and interviewees to mention my study to other people who they believed might be of assistance to me. In this way, I hoped that information about my study would be provided to a wide variety of participants, some of whom would be interested in being able to participate in this study.

Ethics

Ethics approval was granted by the Psychology Department at the University of Waikato, following completion of a standard application including recruitment flyers, a participant information sheet and consent form.

Participants

During the planning stages of this thesis I hoped to interview ten to fifteen participants for this study, however during the process of recruitment I found that the final number of participants that I was able to recruit was only seven. This small sample size

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appeared to the result of difficulties in the process of recruitment, which I will address in the discussion section of this thesis.

Before I began the process of formal interviews, I asked the participants a selection of demographic question on their age, ethnicity and relationships with children. These questions were asked in order to gather some brief background information on each of the participants, which would assist in the process of analysing their interviews. I chose only to ask for personal information on details which I felt to be vital to my understanding of their experiences, so not to pry into the participants' personal lives when this was not needed. I hoped, and indeed found that during the course of the interview participants would provide me with further personal information (i.e. relationship status, financial situation, employment) when they felt that these details were necessary to understand their experiences. I have used this information to describe the participants in this study, as follows:

The participants' responses to the key demographic questions asked in this study are represented in Table 1. As this figure shows, while the sample size used in this study may have been small, the participants that were recruited did come from a variety of social groups and had some notable variations in their demographics. As demonstrated in this figure, I found that two of the participants in this study were aged twenty-five and under, and the other five participants stated their age as being between twenty-six and thirty-five. All of the participants in this study were female, and stated that their role spent caring for children was that of a mother. However, it should be noted that one mother, who shared the fulltime care of her child with her partner did provide some descriptions of the experiences that her partner had of community services, as a male carer. When asked what ethnicity they belonged to, five of the participants described themselves as New Zealand European or Pakeha, another was Sri Lankan and a final participant specifically described herself as 'half-cast' Māori and Pakeha. All of the parents volunteered information on the ages of their children and these

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Table 1

Demographic Information Collected from Participants

Participant number	Age	Ethnicity	Number of children	Number of children aged 3 or under	Relationship to children
1	25 or under	Half-caste Māori and European	1	1	Mother
2	26-35	Kiwi	1	1	Mother
3	25 or under	White/European	1	1	Mother
4	26-35	Sri Lankan	1	1	Mother
5	26-35	European	1	1	Mother
6	26-35	New Zealand Pakeha	3	1	Mother
7	26-35	Pakeha	1	1	Mother

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varied between approximately 18 months to over three years, although one participant also had older children at school. Although their education levels were not asked for, five of the seven participants discussed the fact that they had tertiary qualifications, several of which were at a graduate level. Finally, it is particularly significant to note that of the seven participants in this study, four of these parents described themselves as sole parents who were receiving financial assistance from WINZ, and one additional participant had experienced being a sole parent when she had her first child. These participants placed a great deal of emphasis on their experience of being a sole parent and the impact that this had on their wellbeing. Therefore, the fact that they were sole parents may have been a factor that played a significant role in their needs, and experiences of support from their community.

Interview Process

According to the researchers Liamputtong and Ezzy (2005), an interview should be like a good conversation, where the interviewer has to listen to answers given by the participant, not only to gather important information, but to develop a relationship between the two parties. Therefore, during the interviews that took place for this study, I made every effort to ensure that the participants were not only informed of the process that was taking place, but were comfortable with their environment and the situation they were in. One of the key ways I did this was by inviting the participant to choose the location of the interview. This meant that, in most cases, the interview took place in the participants' home; however one student preferred to talk in a private room in the University of Waikato library. I provided the participants with an information sheet that was theirs to keep. In this sheet, I introduced myself, briefly outlined the nature of this research, and outlined the participants' rights and the options they had as to how they could dictate the way the interview was to be run. In some cases this sheet was sent to the participant before the interview; however as many of the participants contacted me by mobile phone, this was not always possible. Before

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the interview began I verbally outlined key points from the information sheet, along with any additional points that I felt needed clarification. Participants were asked for their consent for the interview to be recorded. They were then asked to sign a consent form, and were given a copy to retain. The interviews all took between half an hour and two hours. The length of time mostly depended on how talkative the participant was, and how many experiences they had had to communicate. The interviews all took place in one sitting, although the participants were given the opportunity to request that we pause the interview at any stage during the process, and arrange for it to be completed at another time, if this was needed.

Research Questions

Instead of using predetermined research questions to gather the data from this study, I instead chose to select five key topics around which I could base these interviews. These five key topics represented a network of ideas on which the research questions were based. A visual representation of this framework of key ideas can be seen in Figure 2. The aim of these topics and the questions that were later developed from them was to assist the participants in providing me with both detailed description and examples of their experiences of childcare, along with meanings they themselves attributed to these experiences. The first of these topics was to ask the participants to describe their needs and/or the conditions that led the participant to feel that s/he needed to access community support. Secondly, I asked the participants to discuss the way that they accessed support; this included questions on the media and travel arrangements the participants used to physically access this information, and also the decisions the participant made as to what services to access, and why. The third topic covered the experiences that participants had when interacting with these services, and in particular the strengths and weaknesses of support they received. The fourth topic was how these services impacted on the person and/or families' life and wellbeing. Finally, I asked if the participants had any possible suggestions for the improvement, or future development of

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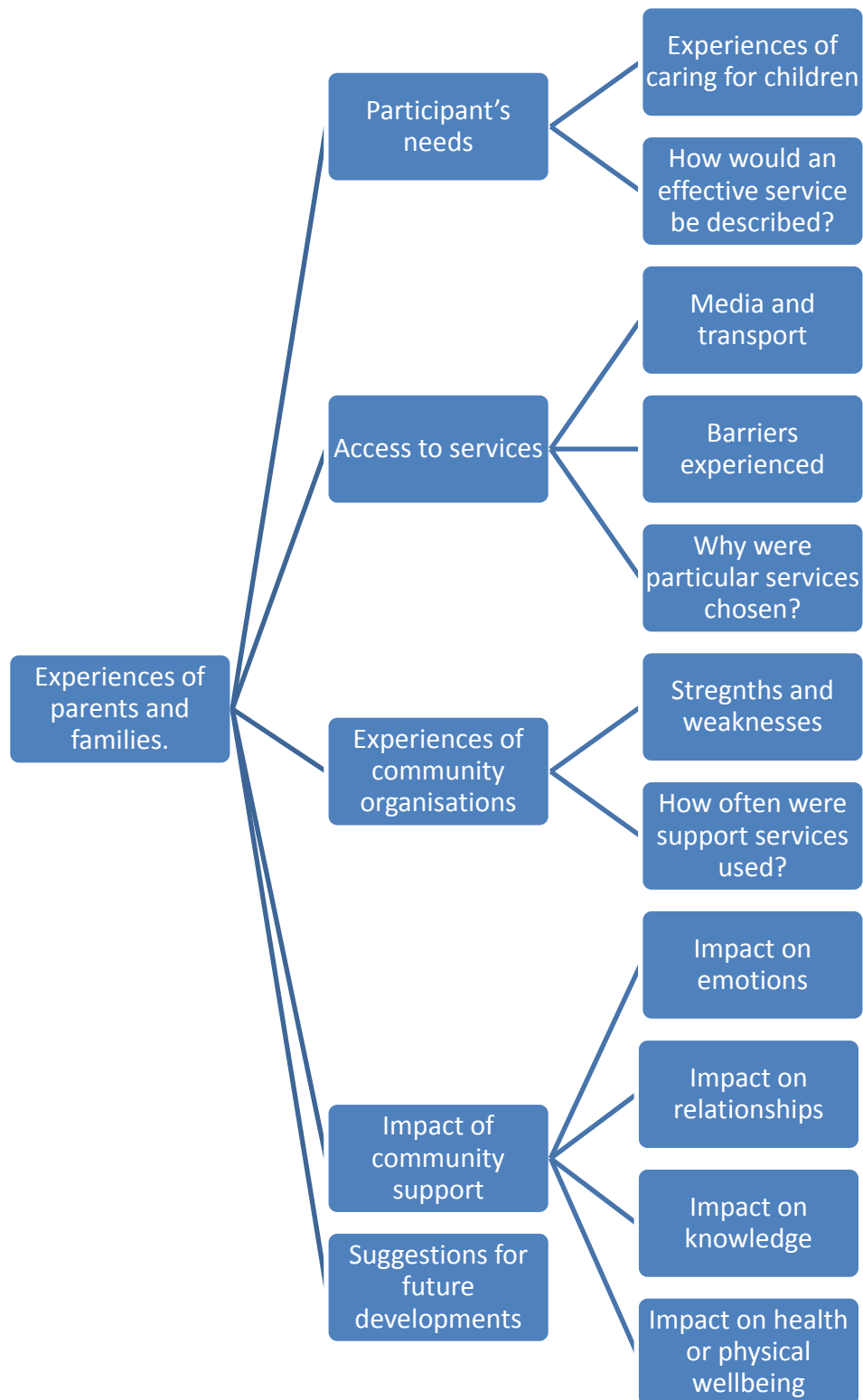


Figure 2: Framework of ideas which informed the research questions and data collection

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the support systems for parents that exist in Hamilton. These five topic areas influenced my analysis of the data and the development of the final framework of ideas which made up the findings of this study; however I also incorporated key themes which were gathered from the interviews, which were not suggested by these questions, into this process.

This use of a thematic list, rather than a detailed selection of ordered questions, is recommended by Liamputtong and Ezzy (2005), who believe that this technique would be more appropriate for the “open and often exploratory” nature of in-depth interviews and qualitative research (p.62). These methods also ensured that the questions that were asked were appropriate for each stage in the interview and they could be worded in language that was appropriate to each participant. As well as this, the points that participants made during the course of the interview could often be used to answer more than one question and clarify more than one topic. During many of the interviews I found that much of my role as researcher was not to ask questions or direct the course of the interview, but rather to summarise the points that I believed the participants were making and to ascertain if my conclusions were correct. However, during the course of an interview I did make sure that I directly asked at least one questions from each of the key topics. This was done to provide the participants with an opportunity to respond to the questions in as much depth as they saw appropriate, and to allow them to emphasise or elaborate on certain points that were of greater concern to them.

Transcribing

Once the interviews were complete, I used the process of full transcription to convert the recoded information into detailed written records. The aim of full transcription is to retain the interview material in the participant’s own words. Thus, I tried to record almost all words spoken by the researcher or participant in my transcript of the interview; along with any ‘umm’s, false starts and other verbal and non-verbal material that I felt was relevant to

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understanding the interview process. Rather than using the researcher's words or summaries to make up the body of the transcript, as can take place in other forms of transcription, this technique provides a naturalistic description of the interview, providing details that may be valuable during the process of analysis. Several authors, such as Braun & Clarke (2006), Davidson and Tolich (2003), Families Commission (2008) and Halfon and McLearn (2002), have also emphasised the importance of the use of detailed transcriptions of qualitative interviews as this technique helps to ensure that the researcher is fully familiar with the data participants provided and is able to repeat the complexity of the participants' experiences in their thesis or report. The use of detailed transcriptions also ensures that the words used and material analysed are as close to the participants' own experiences as possible. This means that any quotes and examples that are provided in the report gain added realism and are able to accurately identify the experiences, issues and aspirations of the participants (Families Commission; 2008).

These transcripts were then provided to the participants to check over, if they so wished, in order to ensure that they mirrored their experience of the interview. While all participants were given copies of the transcript on which to comment, only three of the participants chose to make any additional comments. Once these transcripts were completed, I was able to then move on the analysis stage of the research.

Thematic Analysis

Researchers such as Braun & Clarke (2006), Davidson and Tolich (2003) and Liamputtong and Ezzy (2005) have all suggested that the analysis of materials collected during a research project should take the form of a variety of steps. Some of the steps that these various authors have recommended include the processes of data collection, data reduction, where this material is summarised into a selection of themes, data organisation, where the relationships between these themes are mapped, and data interpretation, where

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conclusions are drawn and the significance of this material is discussed. Liamputtong and Ezzy (2005) believe that by taking these steps, the researcher is completing a process, where ideas and concepts are developed, these concepts are grouped and hypotheses are formed and the themes and hypotheses are changed and edited, in response to careful review of the research data. As these techniques involve myself (the researcher) selecting patterns and themes which are repeated across a data set, then these steps are consistent with techniques used in thematic analysis (Braun & Clarke, 2006).

Using these recommendations as a starting point, I developed five steps which I used to deconstruct the raw data and prepare it for description in this thesis. These steps involved summarising the data into key themes, mapping the relationships between these themes, simplifying these relationships and presenting them in the form of metaphors and visual aids, drawing conclusions from this representation of the data, and cross-referencing conclusions and key findings with the interview transcripts and main pool of data. Tables and visual representations played a key role in processes of collecting and grouping the themes and key data. In particular, I used a selection of images and power point slides that I felt visually represented the key findings and points of discussion from this research, in order to assist me in developing a wider range of key findings and conclusions that would aid me in writing this thesis. I used these images to develop an analogy or metaphor that I felt described the key relationships present in this research, but then could then be elaborated on and used as a starting point for the development of the discussion chapter of this thesis. For further details on this process, please see refer to Appendix A. The use of metaphors and analogies as a tool for analysis was recommended by Liamputtong and Ezzy (2005), who observed that metaphors are a key tool that people use to describe the relationships that exist in the world they live in. Therefore, this metaphor, along with the table and figures, one of which is

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referenced in the results chapter of this thesis, both aimed to demonstrate the relationships between the various themes that I developed.

The final step in this process of analysis was to compare these key findings to the research questions and interview data collected for this study. This was done in order to test and edit these categories and statements, to ensure that they were what I felt to be an accurate representation of the interviews and interactions that took place. This final step also allowed me to find quotes and examples that assisted me in writing the results and discussion chapters of this thesis. By comparing the themes and key ideas collected in this study with the original transcripts of the data, I hoped to reduce any bias that may have impacted on my interpretations of the material. However, I am aware, as detailed by Braun and Clarke, (2006) and Liamputtong and Ezzy, (2005), that the researcher's ideas, emotions, politics and culture will always have an impact on the nature of their finished products, and therefore it is near impossible for the researcher to not influence the findings of their work.

Distribution of Findings

I took great care to try and ensure that this thesis is an informative and easy to read summary of my work which could be accessed by a variety of stakeholders. However, as a thesis is a document which may not be easily understood by a lay audience, I also decided to produce a short booklet that contained a summary of the findings and other key points from this thesis (see Appendix B). This booklet was produced in order to share these findings with a wider audience, who may not have the time to access or read my full thesis. I distributed this booklet to all stakeholders who might have an interest in this research, including research participants and the individual workers and organisations who supported me with gathering data or finding materials for this project.

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In this, the methods chapter of this thesis, I have described the processes which were used in order to collect information on parents' experiences of community support. The techniques of qualitative research were used to collect and analyse the experiences described by seven parents residing in the Hamilton area. These parents came from a variety of different backgrounds and because of this, have had a variety of different experiences of parenting. I have aimed to provide detailed descriptions of the processes used in this thesis, which will assist the reader in assessing the relevance of the findings drawn from this research. A selection of findings will be explored and discussed in the following chapter.

Chapter 4: Results

In this chapter, the results chapter of this thesis, I have summarised and described the key themes and ideas provided in the data collected for this study. Quotes and examples from the individual interviews were used to illustrate these points. During the process of analysing these interviews, four major topics that were regularly mentioned by the participants became apparent. These topics included the description of the stresses these families experienced in their day to day lives, the ways they accessed community support services, the barriers and experiences of social stigma which prevented them accessing community services and the ways that these services impacted on various parts of their lives. Community support services were found to have an impact on the participants' knowledge and understanding, their families' emotions and wellbeing, and their children's social and mental development. The key aspects of these themes are discussed in the section of this chapter titled 'Participant Themes'.

As well as describing parents experiences of parenting, accessing community support and how it has impacted on their lives, many of the participants in this research also made comments about the strengths and weaknesses of the support services which they accessed. A summary of a selection of the services who were described by at least two of the participants in this study. This distinction was made, in order to weed out descriptions of services, which did not relate to topic under question, or did not receive enough comment for any conclusions to be made. A summary of these services can be seen in the section of this chapter titled 'Community Organisations'. These descriptions of the key community services have been provided in order to demonstrate the strengths and weaknesses of the services that are currently available. Hopefully, the readers will be able to see the relationship between the participants' themes, and their experiences of specific services. The implications of this

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information, and what this can tell us about the broader nature of community support, will be explored in the discussion chapter of this thesis.

Participant Themes

Stressors and Experiences of Families

In order to begin the portrayal of the experiences of families and the role that community organisations can play in their lives, I will first describe the stresses experienced by parents. This is a useful starting point for the discussion of community support, because, as has been already discussed the methods chapter of this thesis, researchers and other support workers need to have an understanding of what a person's stressful experiences are, before you can act to correct them (Jacobson,1984).

One of the most noteworthy ideas developed from the interviews in this study is that raising a family can be a stressful experience. Several participants in this study described the stressful, yet rewarding nature of the experience of parenting, with participant number six describing parenting as "the hardest thing that I have ever done, and the most fulfilling!" One of the factors which make this experience stressful is the sense of responsibility involved in being a parent. As participant three described, "knowing that what I do is shaping the person that she's going to be. . . . it's quite a responsibility." However, in contrast to this sense of responsibility, once you have a child, much of the organisation and control that adults are used to having over their lives, is gone, and many of the experiences which parents have to deal with may be out of their control. The experiences of these families need to be acknowledged by support services and the community at large, in order for the services which are provided, to be appropriate to their needs.

Lack of support from the community around them can also add to the stressors which were experienced by families. Several participants noted the stress which not having social support, and particularly family support, can bring. The presence of family support and key

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friendships can act as a buffer against the many responsibilities which parenting can bring. As participants six described “its just, I think, the psychological knowing that you have that backup, if you need it.” Some mothers, such as participant two, who was in her late twenties, found that some of her friends, who did not have children, were not able to understand the experiences which they were going through. However, she found the support that was lacking from her old friends was readily provided by new ones, such as the friendships she made at Playcentre. She observed that

I knew parenting was going to be hard, but on your own. . . . so I think it’s really different and I think, with my friends especially, especially the few that don’t have children, its just helped dealing with that as well.

Therefore, the support groups which the participants in this study have around them can act to protect them from future stress.

Another of the stressors that parents described in their interviews was a sense of confusion resulting from conflicting advice that they received from various services. As Participant five described “with having so many different Plunket nurses involved, one saying one thing and another saying another thing and all that, I found myself getting really uptight and not judging, not trusting my own instincts and my own judgement.” The participants in this study preferred to receive a consistent source of support from only one carer, who they were then able to develop a relationship with. By building this relationship with the service provider, participants were able to discuss their experiences of the support they were receiving, and play a role in dictating their course of care.

These stressors relating to parenting can be compounded by other stressful life experiences that the participants may be going through. For example, financial issues, adjusting to a new country and culture and any physical or health related issues that the parents or family may be experiencing were all mentioned by participants in the study as

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sources of stress. The example of physical experiences can be used to demonstrate the broad impact that these experiences can have on families' lives. The physical or health related issues that these families have to deal with were varied, and included the sleep deprivation being experienced by parents and other family members, the physical impact of a stressful birthing experience, as well as any health problems or underlying conditions that may exist in the parent or child. These experiences can have huge impacts on the functioning of the family. With respect to sleep deprivation, for example, two of the interviewees described this experience as the single hardest issue for them to deal with during their experience of parenting, and many others described this experience as having a great impact on their functioning. As participant one said "I don't think I've had a proper full night's sleep in about six to nine months! Most nights I'm lucky to get seven (hours sleep)..... and on a bad night I get about three!" These stressors can have a significant impact on the parents' ability to function and cope with the experience of parenting.

These worries and stressors will be shared by the whole family, as it can cause strain in the family relationships and even impact on the wellbeing of the child. As participant five describes the impact of her stress on her partner and daughter as

I think (daughter) got quite frustrated because I'd settled her into one routine, and then we've gone to see Plunket or a GP or something like that, and, or even other people suggesting things, and then I'd go and change her routine to try and see if that would work. I actually got quite frustrated with being unsettled. And (partner), I think got a bit frustrated as well, with me being so uptight and not feeling confident in myself.

Therefore, any stress felt by one carer can be passed on to other family members, and may even contribute to the cause of the stress! However, by providing extra support for parents and families and trying to resolve these stressors which they experience community

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organisations and other sources of community support can act to support the experiences of families with young children.

As described by the participants in this study, the experience of stress can have a profound impact on both the experiences of parents, and families. The process of caring for a young child can give parents a great sense of responsibility, greater than what they had ever experienced before, and parents need a great deal of support in order to adjust to these changes in their lives. The support provided by the family's community can be a profound factor which dictates how well families are able to handle the new experience which being a parent can bring. However, in order to be able to access these resources, parents first need to be able to contact to organizations and support services available in their community.

Access to Services

Once the family has decided what their needs are and why they need extra support from their communities, they can then go about attempting to access and get in contact with the sources of support they need. In order to access support, many of the participants in this study noted that they first needed information on the services that are available, and they may use a variety of tools and forms of media so that they can access the support they need, when they need it.

There are a variety of media that families can use to stay in contact with these services, such as websites, phone lines and face-to-face meetings. Resources such as phone lines and the internet were valued by participants, because they can be accessed a various different times and fit into the parents' lifestyles. In particular, home visits were especially appreciated by participants, as not only did this form of contact spare them the bother of having to transport a young child, it also meant that the support and care can take place in an area where they feel safe. As participant one described, "the fact that they will come to you,

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or can come to you in their own cars, means that you can have your service at home, where you feel more comfortable.”

Some suggestions which participants made to improve accessibility of services included the creation of a written directory of the services that were available (similar directories of the services present in the Waikato are available, but not widely known), for community organisations to provide referrals from one service to another and for services to be actively involved in the communities and talk to the various social groups that are in need of support. Once community members and families were aware of the services that were available and the type of support that they provided, they were then able to pass this information on to other parents with young children, through word of mouth, so widening the number of families who are able to access them. Participants in this study described wishing that services take the prerogative and contact families in their community to introduce themselves. By taking the responsibility to build the relationship away from the parents and directing it to the services themselves, this would remove a significant amount of stress from parents. By using these tools to make their services more accessible to families, service providers can build a stronger relationship with their communities.

These resources, such as home visits and other forms of more intensive care, were in such demand by the participants in this study, that several expressed concern at what they saw as a preferential system, where parents who lived in lower decile locations seemed to have received more information and support than those in others. While participants understood that by doing this community services were trying to target groups in need of extra care, many participants felt that they needed this care as well, and that their needs were just as valid as the needs of people who were living in a targeted area.

Finally, while there were many places where parents can access names and contacts of services in the Hamilton Community, the information which participants needed to access

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went beyond the list of the services that are currently available to them. Previous researchers have found that parents need to have an understanding of the philosophy, community and the nature of the services that each organisation provides, before they are able to judge whether the services will be beneficial for their families (Mertensmeyer & Fine, 2000; Powell, 2005). These findings were repeated by the participants in this study. If this information was provided, it would prevent parents from accessing services which are inappropriate to their needs, and possibly experiencing negative consequences as a result of this.

Once families have been able to access the services that they need, the final factor which maintain their ability to access community support, is the presence of open communication channels between services and their clients. As participant four described, services need to “actually talk! Communication is the best way to deal with any problem . . . and also, after the communication you could identify what are the needs, for the client, you know...” Part of the process of open communication between support services and families is to educate families on the steps they can take to prevent any possible issues from arising in the future. By providing parents with tools to prepare for future problems and by being readily available and providing families with appropriate support when it is asked for and needed, services can play a key role in preventing greater problems in the future

In order to guarantee that parents are able to access the support which they need, at the times which they need it, community support services need to use appropriate channels through which they can communicate with parents. Phone lines, internet and regular home visits are all tools which parents can use to access the forms of support which they need, when they need them. However, many of the participants in this study described experiencing social barriers, which prevented them being able to access this support. In order that community support services can be readily within reach of all groups in their community, these barriers will also need to be addressed.

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Barriers and Experiences of Social Stigma

While many participants in this study used the tools and resources described previously in order to access services, they also noted that there were times when they experienced barriers which prevented them from accessing services when needed. As described in the methods section of this thesis, the participants in this study came from a variety of different social and economic backgrounds. Many participants in this study, such as participants who came from minority ethnic groups, participants who were sole parents, parents who were of a younger age (25 or under) and first time parents, found that they belonged to social groups which experienced discrimination from their communities. As a result of these factors many of the participants described being treated by services in a patronising and judgemental manner. As participant one described

Because I have obviously Māori features, there's the social pressure that comes with it, that comes with being a young mother and everything else. I am thankful I am a University student, because I know for a fact that I would have been mistreated, by WINZ, by Plunket, and by other agencies, had I not had a degree under my belt.

Because of the judgements which services would make about them, many of the participants in this study described experiences of marginalisation and social stigma which prevented them from being able to access the support that they needed. One particular example of a participant who experienced extreme barriers when accessing support, where the negative consequences of not accessing this support would have been dire, can be seen in the experiences of Participant two. This participant described her experience of trying to access emergency care when her three week old son was seriously ill, and very few of the services she contacted would take her concerns seriously and provide her with the support she needed. She said that “everywhere I rang sort of said ‘are you a first time Mum?’ and sort of give you that whole rolled eye, neurotic first mother (treatment).” This participant had a

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particularly negative experience at the offices of her GP, for when she brought her obviously sick child to the clinic, she was told to make an appointment and come back another day.

When, through the support provided by her midwife, Plunket and Healthline, she was finally able to access the treatment her son needed, it turned out that he was in need of urgent care and ended up having surgery that same week. As a result of these experiences this participant ended up making a formal complaint with the medical staff at her local clinic. This case is just one example of several scenarios which were mentioned by participants in this study, where these participants received substandard care from the services which they were accessing.

Along with these experiences of barriers and discrimination when trying to access community services, several participants in this study seemed to have internalised the judgements and stigma which they have experienced in their own thoughts and feelings.

Participant six described these feelings as ‘self imposed barriers,’ saying

Like if I was really worried about my daughter’s sleeping, and kind of, in retrospect, I wonder if had a kind of food intolerance or something, but I always felt like I would be perceived to be neurotic, if I was at the GP’s about that sort of thing.

These feeling of shame, fear and intimidation when they were approaching services for help were described by other participants in this study. Participant one even described this experience as the ‘hidden shame’ associated with parenting. These feeling caused the participants to be wary of approaching services for help, which then caused them to lose opportunities to access social resources in the future. These findings would seem to indicate that rather than these emotions being self imposed, they actually result from the negative experiences that people have had and the social environment that exists around them.

Therefore, while this participant may describe these feelings as self imposed, these feelings

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appear to be a result of the social conditioning which they experience from their communities.

These feelings of isolation and intimidation and the social isolation which can result from this, can then lead to broader impacts on the experiences of families. As mentioned by several participants in this study, confidence is the key feature which allows families to be assertive and demand that they receive the care they deserve. As participant seven described, “when you’re older and you’re a bit more confident and you’ve had a professional career and that sort of thing, you’re not that fussed about coming forward.” This participant’s social status contributed to her confidence, which she then used as a tool when integrating with the support services which she needed. However, the flip side of this is that those parents who are not confident may experience greater barriers when accessing support. Therefore, while the negative experiences which families may have, may disempower them and prevent them from accessing support, by empowering these families and allowing them to be more confident, they may be able to use this resource to improve their experiences in the future.

The participants in this study described the experiences of social discrimination as a factor which can have a great impact on their experiences of parenting. It can place barriers which prevent parents from accessing resources and support, and can lead to parents developing attitudes and beliefs which lead them to experience varying degrees of social isolation. Therefore, these barriers can have a long-standing impact on the wellbeing of families. In the following sections of this chapter, I will describe the nature of the resources which parents are able to access from community support services, and the impact which these resources had on their experience of parenting.

Knowledge, Skills and Information

Some of the most important resources that community organisations have provided parents and families with, came in the form of knowledge, skills and information. These

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resources could be provided in a variety of different formats, including books, pamphlets, the internet but most notably, through contact with skilled and experienced community members. Time spent with other experienced carers, whether they were nurses, midwives, or other mothers was considered a useful way of developing parents' skills. As participant seven describes

Experience is a really important thing, because I think when you've got a new baby and it's your first baby, you don't know what on earth you are doing, so an experienced, old hand who's sort of calm and knows what they're doing is very helpful.

Not only did time spent interacting with experienced parents or community workers improve parents' skills and abilities when caring for children, several participants also felt that the skills which they learned provided them with resources which they were able to use in other aspects of their lives, in the future.

The resources which were considered particularly useful by the participants in this study were parent education, general education, practical advice and reassurance. Parent education and skills training provided parents with a variety of different skills and information which could assist the lives of their families. Parents valued opportunities to gather information on how best to care for their children, as well as opportunities to find out what is normal and how commonplace the experiences they may be having, are. Playcentre was a key example of a service that provided a great deal of information and training for parents, both in their courses, and just generally through people talking to each other. As participant five said,

You are expected to do early childhood training to a certain degree, and sometimes that is quite helpful because they go through child development and you become quite

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aware of what to expect in terms of milestones and those things of how children develop.

For a few of the participants, tertiary education also provided an opportunity for them to increase their skills and the opportunities that they may have in the future. This was considered particularly important for participant four, whose first language was not English, who described the importance of learning English as a second language as “at the time I had really, really, like, barriers with my language, because, you know, because different language actually, I started to learn here.” By developing her skills with English language, she was able to access more resources and gather more information that helped her care for her daughter. Several participants also found that they especially valued services which provided knowledge and reassurance together, as this reassurance provided parents with the confidence to be assertive, and to parent in the way that they felt to be best.

Knowledge and skills were also considered especially important when the parents of a child which was experiencing health problems. In this case, parents particularly appreciated being provided with detailed information on these matters, in order to understand the situation they were in and make judgements as to how best to behave or care for their child. Plunket nurses, Parents Centres, hospitals and physiotherapists were significant sources from which this information can be provided.

However, while an extensive range of knowledge and advice can be empowering for parents, it is important that this advice is flexible, and does not conflict with the information that is provided by other services. When conflicting advice is given, it can lead to great deal of stress for the parent, as was the case with participant five. She was constantly changing her parenting techniques and routine, based on the advice she received from different groups in her community, and this lead to high levels of stress for her and her family. She described this as, “just with the number of people who were involved with caring for us, everyone had

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their own ways of how it should be done, and I've got really confused and didn't really feel that they worked for me." It is important that services are flexible with the information and services that they provide, so that parents may fit this information in with the other knowledge and experience that they may possess. Other participants also commented how, when you become a parent, you experience being a kind of public property, and found that they received advice from all sources of sources, much of it which is of no use to you. Participants two described this as people, 'putting their two-cents in.' Therefore, these findings have shown that parents do not need constant education and instructions on how they should care for their children. The education which they receive needs to be appropriate to the context of their lives, in order to be of use to parents.

The participants interviewed in this study found that knowledge, skills and information can be valuable tools to be used by parents and families. This resource can be provided in a variety of formats, and can include not just information and advice on parenting, but tertiary education, skills training and reassurance that the skills which they are using having a positive impact on the wellbeing of their families. However, in order to be effective in meeting the needs of families, this advice needs to be flexible enough to be adapted to the varying social contexts in these parents' lives. I will now go on to describe another resource which can have an impact on the wellbeing of families, the presence of friendship and social support.

Friendship and Support

Another significant role which community organisations can play in parents' lives is by providing parents, and their families with friendship and emotional support. The need for friendship and support was one of the key needs that were reported by participants in this study. Support can be provided by friends and relations, play-groups and online forums as well as community support services. All of these groups are part of the parents' community,

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and play a key role in preventing the experience of isolation and improving peoples' experiences of parenting.

One of the key sources of support for new parents was that provided by play groups and other groups of fellow parents which participants are able to participate in. These groups provided parents with adult company, opportunities to take a break and have some 'time out', reassurance that they are good parents, opportunities to get out of the house, and support with practical issues, such as proving cooked meals and someone to pick up the baby if it cries. These support groups are particularly valued by parents who are caring for their children full time, as they provided parents with opportunities to socialise and interact with other adults, who otherwise can be difficult for them to access. Participant six described the many benefits that a social network can bring, as

There was always someone around, there was always someone there to say, 'do you want to come to the lake' or 'do you want to go out for a coffee,' or 'do you want to come round for a play?' And we used to do something nearly every day.

By acknowledging families' stresses, accepting parents' decisions and providing friendship and support to families when needed, these social groups can have a critical impact of parents' experiences in the future.

By having social groups of people around them who were also parents, participants in this study developed a sense of camaraderie with the other parents which they were in contact with. This sense of camaraderie can exist, even when the parents in these groups come from different social and cultural backgrounds, as no matter what your social position, parents would still have many shared experiences. As participant six described, "as soon as you have the baby, you've got this thing in common." This community of parents was considered so important by several participants, that it was considered to be a vital source of support that all parents should have. As participant three said

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I think everyone should be something... not necessarily Playcentre but something similar, whether it is just a coffee group or an antenatal group that someone may start, I just think that, having place where you can go, where you are with other people who think that same, or don't even think the same, just where you can actually talk about how you are feeling and things like that...

Through simply knowing that support is available when they needed help or someone to talk to, these communities can have a role in improving the parents' and families' wellbeing. By taking part in these groups and supporting other parents with your children, parents are able to can provide these resources to others, just as they receive them themselves. This way parents can play an active role in helping to build a supportive community which families can turn to for future assistance.

Another source of support which can be extremely important to parents of young children is the support provided by the extended family. While not all participants in this study had access to an extended family nearby, those who did, found that it can be a key source of support which can have a significant impact on their experiences. Participant three, who lived with her parents and sister for the first few months of her daughter's life, found that they were a continuous source of support which made her experiences of parenting much easier. Participants who did not have easy access to family support, or who found that the support they received did not meet their expectations, described wishing that this support was available to them. This was a particularly significant experience of participant six, who found that with no family members around to babysit or help her in cases when her children needed urgent care, she did not have any 'backup' and the full responsibility of caring for her children, fell on her shoulders. She described wishing she had access to a more supportive family community, and wondering if her Pakeha culture impacted on this lack of support. She observed that "I guess, if I was, maybe, Māori of Pacific Island culture, but I'm using huge

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generalisations, there's much more of a model of that whānau, so it would just be expected that people would kind of 'step up.'" Although this participant had a strong community of friendships' which were able to help her times of need, it seems that extended families provide a necessary form of support that other communities cannot replace.

As well as friendship and emotional support being provided by the friendships and social groups which the participants may have, emotional support was also provided by the professionals who work for the community support services which to provide assistance for parents. Several parents found that when dealing with community services, particularly phone-lines like Plunket and Heathline, a friendly voice and a kind manner on the part of the community workers could be enough to improve their wellbeing. As participant one says "if you're having a bit of a s**t day with a sick kid, hearing a cheerful voice on the other end of the phone is good." However, a factor that could have a significant impact on the parents' experiences of these services was the level continuity of care provided. Participants appreciated opportunities that they had to receive consistent care and to build relationships with individual staff members at their service providers. Therefore the participants preferred to have their ongoing care provided by just one professional at any particular organisation, rather than a selection of different workers. Once a strong relationship has developed it can have a very significant impact on the wellbeing of the parents and families. Even time spent talking to a professional or other community worker can have an impact on the participant's wellbeing. As Participant four described, she accessed a great deal of support from simply spending time with her social worker, where "she would talk with me all the time. She came in, she'd spend (time) to just talk with me. And sometimes we went for a walk." It is the relationship which has formed between the participant and the carer that makes this quality time so useful, and will mean that parents are more likely to use this service again in the future.

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Friendship and social support are both key resources which can have a significant impact on the experiences of families. These forms of support can be provided by friendships, play groups, online forums, community support services and extended family of whānau. When these sources of support acknowledge parents' stress and accept their decisions, they can then increase parents' wellbeing and the resulting wellbeing of their children and families. As the final resource for families, as expressed by the participants in this study, I will not go on to describe the role that community support services can play in assisting with children's development.

Children's Development

The final resource which was described as being important by many of the participants in this study, was the opportunities for child development, which were provided by many of the community support services. Although only two of the participants had children that were old enough to receive state-funded Early Childhood Education, many of the parents with younger children still valued opportunities which community organisations could provide for their children to access educational resources and social contact with other adults and children. Services that provide this support could include Playcentres and local Kindergartens, informal play groups, and even services such as Parents' Centre, Plunket, GPs and the hospital, all of which provided parents with information and advice as to how they could assist in their children's physical and mental development.

There were a variety of benefits that were seen to be provided by these resources. By providing opportunities for the child to interact with other children their age, these services can have a significant impact on their social development. Participant three expressed pride in the fact that that her toddler was already developing friendships with other children, at less than three years old. As she described, "(daughter), she's got one little friend at Playcentre, and her name is (friend), and every time they see each other they run up to each other and

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give each other a big hug.” Several parents also said that they particularly valued the services provided by local ECE services such as Playcentres and Kindergartens, because they allowed parents to participate and be involved in their child’s activities as much as they wished, so that the parents can be involved in all aspects of their child’s care. They also found that their children enjoyed these opportunities to access resources and social contact which may not be available at home. This education and social contact were seen to be especially important in helping children’s preparation for school and both the educational and social activities which would take place there.

However, while many parents noted the benefits that these services could have on their child’s development, some parents were concerned that services such as Plunket seemed to place too much emphasis on using graphs and guidelines to measure how well the child is developing. These parents noted that as a result of this, these services seemed to confuse a child that is not developing in an average manner (is bigger and taller than other children, for example) with someone who has serious health or developmental problems. As Participant three described

they, (Plunket) . . . they like their babies to fit into the little box that sits on the graph, and yeah, she’s always been, like in the ninety-fifth percentile or something, for weight and height and stuff. And so that kind of makes you feel like you’re feeding them too much, or, you know, its just little things like that.”

These concerns can lead to undue worry for the parents, whose child was simply developing in his or her own rate.

As the final resource provided by the community support services described by the participants in this thesis, support services can have a key role in supporting children’s development. Community services can provide support to parents with children from various ages, and can increase these children’s skills in physical and mental activities as well as their

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social interaction with other adults and children. Parents enjoyed being involved in these activities, and therefore, these opportunities for child development can have an impact on the wellbeing of the entire family.

Community Support Services

In this section of this chapter I have provided a brief description of the eight sources of support which received the most comment from the participants in this study. In particular, this section will focus on the strengths and weaknesses of the resources that participants gathered from these services, as well as any possible areas for improvement that may have been mentioned. The key findings for these services have been summarised in Table 2, which provides a brief summary of the strengths, weaknesses and suggestions for improvement of each of the organisations. During the descriptions of these community organisations, it may seem that some of the points being made may contradict with previous descriptions of the services. However, as the participants come from a variety of different backgrounds and have a variety of different experiences, these descriptions have been included, as they show the variations in the services provided and the role that these services have played for all the participants in this study.

Plunket

The most noteworthy service discussed in this study, which was mentioned by all the participants which were interviewed, was varying support provided by the Plunket Society. The participants in this study have used Plunket's services in order to access a range of services, which include information on issues to do with child development, communities support groups and other parents and practical resources, such as car seat hire. Many families appreciated the fact that Plunket provided home visits, and other forms of contact which they could easily access in their own time, such as phone lines and brochures and other publications. When parents requested a service that the Plunket Society did not provide they

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Table 2

Participants' Descriptions of Key Support Services

Service or group	Strengths	Weaknesses	Suggestions for improvement	Participant No.
General Practitioners and medical centre	Key source of support	Some did not develop a strong relationship with client.	Gather more information on the parent's mental wellbeing	1, 2, 5, 6, 7
	Positively impacted on wellbeing	Did not discuss about parent's emotional wellbeing	Try to build an equitable relationships with clients	
	Supported parent with Post Natal Depression	Provided conflicting advice from other services		
		Parents found professionals to be patronising and intimidating		
		Treatment was not always effective		
		Prescribed medication that was not appropriate for child's age		
Healthline	Were easily accessible, 24/7	Refused to provide an emergency appointment to one parent, whose child needed urgent medical attention		1, 2, 5
	Were approachable, respectful and easy to deal with			

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	Were knowledgeable and experienced			
	They go 'above and beyond' what is expected from a phoneline			
	Provided reassurance and emotional support			
	Would liaise with other services to ensure that participants received help when needed.			
La Lèche League	Were knowledgeable and experienced	The information provided was not detailed	Provide more detailed advice for parents learning to breastfeed.	1, 2, 3
	Could be accessed frequently and easily			
	Group people who have the similar experiences	People could find their political perspective a bit 'strong'	Could be more easily accessible for certain people	
	Supported breastfeeding across a variety of ages			
	Were non judgemental			
Midwife	Provided support through a variety of different media			1, 2, 4, 5, 6
	Provided respectful advice	One midwife reduced her care without putting in place other sources of support	The transition of care should be articulated	
	Support was particularly valued when child was ill.			
	Provided emotional support	Did not provide participants with all the information they needed		

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	Provided practical support, e.g. meals		
	A good midwife makes a 'huge difference'		
Online forums	Provided support and advice		6, 7
	Provided information		
	Lead to development of friendships and relationships		
	You are able to participate as much as you feel comfortable		
	Can be used at any time of day		
Parent's Centre	Provided anti and postnatal courses and education	Techniques taught were not flexible	2, 5, 6, 7
	Group people parents with similar experiences		
	Lead to the development of future social groups		
Playcentre	Provided support from birth	Parents with children under three are restricted in the number of groups they can attend.	2, 3, 5, 6
	Helped with children's development and social skills		
	Children enjoy it and feel comfortable there	There is some 'bickering' amongst organisers.	

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	Prepared child for school	There was an expectation for parents to take part in adult education		
	Provided a social and support network for parents			
	Allowed parents to take part.			
	Were accepting of diversity			
	Parents with developed close friendships			
	Provided practical support, e.g. meals, break			
	Provide education on child development and parenting skills.			
	Low cost			
	Parents liked the Playcentre philosophy			
Plunket (all services)	Provided useful information on child development	Did not provide emotional support for all parents	Provide more information on the services they make available	1, 2, 3, 4, 5, 6, 7
	Could be used frequently	Techniques taught were not flexible and couldn't be altered to fit into families' lives	Provide longer access to home visits.	
	Provided easy access, particularly with home visits and after-hours phone-lines	Parents experienced difficulties making contact	Have a more reliable recall system.	
	Provided access to practical resources		Provide parents with constant support from one nurse	
	Provided emotional support and	People living in some areas get more		

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reassurance	support than others	Practice regular reviews of policies, practices and expectations of families
Will refer you to the appropriate service.	Expected the child to develop in a 'textbook' manner	
Nurses were knowledgeable, experienced, respectful and easily approachable.	The skills and expectations of the Plunket nurses varied from person to person	
Social groups collected people with similar experiences	Families did not receive consistent care from one nurse	
Provided advice when child was ill.	The playgroups they provided did not have a positive atmosphere	
Spotted the child's injury that had gone undetected		
It is free		

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were happy to refer these parents to other appropriate organisations who did. Parents also found that the Plunket nurses provided them with emotional support and reassurance. The nurses were considered knowledgeable, experienced, respectful and easily approachable. The support they provided was particularly valued when the child was ill or had health problems to be tended to, and the Plunket society could provide a great deal of support during this time. These resources were greatly valued as they improved parents' skills and abilities, not just when caring for their child, but providing the parents with skills which they can use when interacting with other services in their community. The fact that this was a free service was also considered very important by participants, many of who were on low incomes.

However, there were several weaknesses to the services Plunket provides which were mentioned by participants. Firstly, some parents did experience problems accessing the services provided by Plunket. The participants in this study had mixed experiences of the way that Plunket booked appointments, with some finding that appointments were only made a day or two in advance, were frequently moved or cancelled, and some parents were not contacted when the next appointment was needed and found that they had to ring and book appointments for themselves. This resulted in several participants having concerns that, while their children were accessing the care that they needed, other parents may not. Several participants also expressed concern about Plunket's use of 'deprivation analysis' to provide targeted support to groups living in lower decile areas (see Macfie, 2006 for further details on this process). They considered that while they might not be living in areas that were considered disadvantaged, they still experienced a variety of problems and stressors, and were in need of help and support, in order to deal with these issues. Some parents found that the Plunket nurses often assessed their child's development in a negative light, and could place too much emphasis the degree to which the child conforms to 'textbooks' on childcare. Parents also found that the advice Plunket provided was not flexible and did not take into

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account the variations in their lives and lifestyles. Several parents raised concerns that the nurse that they visited changed from appointment to appointment, and as a result of this they did not get any consistency in their care. As Participant five said, “I think that’s something that we’ve been frustrated with, with Plunket, ‘cos you never know who you’re going to see and what they’re going to say and some seem to be more helpful than others.” Several parents also felt that Plunket nurses could have provided more guidance and emotional support for families. Participant one in particular experienced this, describing her experience as “they don’t tell you anything, they just tell you what food to feed them, when to breastfeed, when you should start weaning, etc, etc. They don’t deal with a lot of the mental, emotional aspects of parenting.” In this way, some parents felt that Plunket focused more on catering to the child’s needs, than those of the parent. Some suggestions for the improvement of Plunket’s services include providing more information on the services they make available, providing longer access to home visits, having a more reliable system with which to recall clients, providing parents with consistent support from one nurse, placing more focus on building a relationship between parties and for Plunket to review their policies and expectations in order to make sure they are in line with the needs of modern families. In the annual report published by Plunket (2008), they suggested that they are aware of many of these issues, such as the need for social groups to be targeted at a wider variety of community groups and the need for more effective systems of managing patients; and plan to make changes to the services they provide in the next few years, in order to target these issues.

Playcentre

Another service that received mostly positive comments from four participants in this study was that provided by the New Zealand Playcentre Federation. Some of the factors which attracted parents to this service included the Playcentre philosophy, which was seen as being very supportive of children and their families and the fact that Playcentres provided

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access for children aged from birth to five, not just those aged three or over, who are the usual recipients of ECE. Several parents found that Playcentre improved their children's development and social skills, and that their children enjoyed spending time there. Parents also valued the social networks that Playcentre provided them with access to, and these networks lead to parents developing close friendships and communities of support. As the families involved came from diverse backgrounds, they were very accepting of people's choices and lifestyles. As participant three pointed out, "I've always felt accepted at Playcentre, it doesn't matter that I am a single mum on the DPB." Parents also valued the knowledge and education services that Playcentre provided, not just through their parenting courses, but through discussions between parents and advice being passed through word of mouth. As participant five described

I think that its strengths are, because of the fact that there are so many parents involved, when you talk to them you get a wide variety of opinions without being told 'this is what you must do!' And you can choose what you want to try and what you don't want to try and not be pressured too much.

Finally, the participants also valued the practical support that Playcentre provided. By being low cost and providing help with meals and other types of assistance that families may need, Playcentres provide families with resources which may help to reduce the stressors and other barriers which they may be experiencing.

While there was a great deal of praise of the services provided by Playcentre, there were still a few weaknesses which parents raised. These included the fact that children under three were restricted in how often they could participate in activities, the fact that there could be some conflicts, or as one participant described, 'bickering' between organisers of this programme, and one participant felt that the parenting courses would not have fitted in with

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her time commitments. However, these complaints were minor, and many parents still considered Playcentre an important source of support for themselves, and their families.

Healthline

Healthline was one of the services which received comment from three of the participants in this study. In particular, the participants that used the services provided by Healthline were glowing in their description of its strengths. It was seen to be a key source of support, which was easily accessible for a variety of families. The Healthline nurses were approachable, respectful and easy to deal with, and they provided parents with both knowledge and information about any possible health related issues, and reassurance and emotional support to help them deal with the stressful experiences they may be having. This reassurance that Healthline provided was especially valued by the participants that used it, as participant two described, “it’s great to have someone to talk to, you can just calm yourself down and that why I have Healthline, it’s so easy!” Several participants noted that the services that Healthline provided went above and beyond their expectations of a simple phone-line. The nurses would liaise with doctors and other medical services in order to ensure that participants received speedy care when this was needed, and one participant even reported that the nurse called her back a week after the initial call, in order to check up on her daughter’s progress. There were no complaints!

La Lèche League

La Lèche League was a service for breastfeeding mothers which received responses from three of the participants in this study. On the positive side, participants found that La Lèche provided a key source of support, that the community members there were knowledgeable and experienced and they provided support through a variety of different media (phone, internet ...) so that they could be accessed frequently and easily. Several mothers also valued the community support groups that La Lèche provided, that were very

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diverse, non-judgemental, and supported breastfeeding to take place for as long as parents felt was needed. As participant three, said, “I wanted to go somewhere where I felt, you know, that what we were doing was normal and natural,” and La Lèche provided this support when she needed it. However, the same participants noted that, as an organisation with an extensive political background, some community members could find their views a bit ‘strong,’ and too much for new parents to deal with at once. Participant one also commented that the information La Lèche provided to hospitals for parents starting to breastfeed was not detailed enough. She observed that

The video they show you in hospital, the twenty minute video on how to breastfeed your baby, and it’s kind of pointless and you’re sitting there thinking ‘excuse me’? (Laughs), twenty minutes watching a little baby feed on the mum, yeah that’s gonna teach me how to breastfeed!

Therefore, by providing more detailed advice for new parents, as well regular face-to-face meetings and opportunities to talk to other parents, La Lèche League and other services may be able to provide a more comprehensive service to support breastfeeding mothers and families.

General Practitioners and Medical Centres

Five of the parents who participated in this study, chose to make comments about their experiences of accessing medical services, particularly that provided by their local GP. Of those participants who discussed their experiences of GPs, a few had positive comments to make. Some of the participants found that their GP was a key source of support.

Participants six particularly maintained this view, saying that her GP had supported her with her experiences of post-natal depression, and had therefore had a positive impact on her life. However many of the participants in this study described the majority of the experiences they had when accessing their GP as having a negative impact on their wellbeing. These negative

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experiences ranged from being minor problems, to concerning behaviour which boarded on incompetence. Some participants found that their GP did not manage to build a strong relationship with their client, and did not seem to be particularly concern with their emotional wellbeing and the possible impact that their experiences of parenting had had on this. Others found that the advice which they received from these services conflicted with the information which they received from other sources. Several parents found that the conduct of their medical staff to be patronising and intimidating, which caused many families to feel marginalised when accessing these services. As one of the parents who had experienced these feeling, participant five observed that

I'd turn up there and I'd ask a couple of questions, and they'd be like 'well yeah that's a really simple thing to ask,' and it felt like they were waiting for me to ask something else and we're disappointed that I hadn't asked these other questions, which was really weird!

This participant found that these feelings were shared by her male partner, who also took part in her child's care. On occasions the treatment provided by the GP was not found to be very effective. This was particularly the case for families where the child was experiencing sleeping problems. Towards this end, participant seven was concerned by the medication which her GP prescribed to help with her daughter's sleep, as she found out that it was not recommended for a child her age. Finally, as discussed in other parts of this thesis, one mother had a very concerning experience with her GP and other staff in her local medical centre, who refused to see her child when he was in need of urgent care. Some suggestions for improvement of these services which were mentioned by participants, included building a more equitable relationship with clients, and making a special effort to discuss the parent's mental wellbeing, during check-ups and other appointments.

Midwives

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While this service only provides support to families for a very short period of time after birth, five of the participants in this study commented on important role that the care from their midwife played in their experiences of parenting. Many participants found a good midwife provided a great deal of support, respectful advice and guidance which acted to increase their knowledge and skills for parenting. They found that a good midwife could provide a range of practical and emotional supports to mothers both before and after the birth, and were a particularly valued source of support if the child is ill. As participant six described, the care of a good midwife makes a ‘huge’ difference to her parenting experiences. She said that

My midwife was a huge, huge support as well, in the very early days, obviously in the very early days. But that makes a huge difference to your experience. . . . it’s her life, and she would bring muffins, and, you know, bring meal, bring frozen meals over for us, and she was amazing!

However, several of the participants had negative experiences of the care they received from their midwife, and even had to deal with long term stresses as the result of the substandard care which they received. One participant who was hospitalised with pre-eclampsia during her pregnancy, found that her midwife reduced her care during this time and seemed to presume that the hospital was now this patient’s primary carer. However, she did not provide a clear transfer of care, nor did she clarify what sources of support the participant could turn to instead, and as the hospital staff did not take over the necessary tasks which a midwife would have done, which left the mother ill-prepared for the birth. Considering the serious health conditions that this mother was experiencing, this was a bad time to reduce care, and contributed to the incredibly distressing pregnancy and birth that this mother had experienced. As this participant described it (participant one) “I was in this no man’s land where I was kind of being serviced by the hospital, my midwife barely did anything, she even

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didn't do the heel prick test which she was meant to do." Another participant found that her midwife did not pick up on an injury that her daughter received as the result of a forceps birth, and it was not until she saw a Plunket nurse at six weeks, that this condition was diagnosed, despite the experience of many weeks of painful breastfeeding. Therefore in order to better cater to new parents' needs in the future, I suggest that midwives should take care to clarify who the carer or key sources of support for the parents are during the various stages of pregnancy and parenthood. Hopefully this will prevent situations such as this from reoccurring.

Online Communities

One source of support that has a great deal of significance for our understanding of community support in modern societies, is the support provided in online forums on the internet. This is a relatively new technology compared to the generations of experience that families may have of services like Plunket, and because of this only two of the participants mentioned this source of support in their interviews. However, for these two participants, online communities were one of the key resources that supported them in their experience of parenting. They found that the online forums that they used provided them with a valuable social network that they can turn to, similar to face to face play groups and services provided by organisations like Playcentre. This network provided a great deal of support, information and advice, and as participant six observed

It means that I've still got access to a community of supporters, you know, Mums and places you can ask questions about, you know, 'he's not well,' and 'what do you think

I should do,' or 'what do you think this rash might be,' or anything really!

Online message were particularly described as a valuable source of information and advice.

The social network that these forums provide can lead to the development of key friendships, connections that do not just happen online, but would frequently end up in face to face

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meetings. Because this information and support is collected online and can be accessed at any time of the day, this form of support could be easily be fitted in these parents' timetables. As this community resource is based around relatively new forms of technology, one of the participants in this study confessed to initially being scared and nervous when posting on forums, which her husband called 'the mad internet people.' However the value that those who has used online forums place on it indicates that this may be a key source of community support for parents in the future.

Parents Centre

Although not many participants elaborated on it at great detail, over half of the participants in this study made reference to utilising the services provided by the Parents Centre. Many of the participants mentioned taking part in the educational courses that this service provides; both antenatal classes before the birth, and childcare courses after. The participants particularly enjoyed the practical knowledge that these services provided, and said that this enriched their experience of parenting. As participant five described, "I've learned a lot more about the Parents Centre and have contacted them a little bit about, like getting (daughter) immunised and things like that; the pros and cons of that." Many parents also valued the fact that the parenting courses and antenatal classes that the Parents Centre provided, brought parents together, and this lead to the formation of new support networks that continued after the course had finished. However, similarly to Plunket, many of the techniques that there recommended by the Parents Centre had very specific routines and instructions, and some parents found this restrictive, as these exercises could not be altered to fit into their particular lifestyle.

The information which was provided by the parents who chose to participate in this study has demonstrated that community support services can provide a variety of resources

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for families. When the participants in this study are able to access the support services present in their community, they found that the support they received had a great impact on their wellbeing, and that of their families. Support services, such as Plunket, Playcentre, Healthline La Lèche League, Parents Centre, General Practitioners, Midwives and online community have all been found to have a variety of positive impacts on parents, children and families, as well as some negative impacts which may need to be addressed by these services in the future. In the next chapter, I will discuss these findings in further detail, in order to determine the implications they can have on our understanding of the experiences of parents, and the points of comparison which they have with other psychological research which has been published on this topic.

Chapter 5: Discussion

This chapter of the thesis has been focused on discussing the significance of the findings developed from the participants in this study, and the relationship which these findings have to the previous literature written on this topic. Some of the subjects which have been discussed in this chapter include the needs of families, possible ways for improving parents' access to social support, the impact of social barriers and marginalisation on families, the way that community resources can improve the experiences of families, and the implications which these conclusions have for support services in the Hamilton community. The findings of this thesis have then been critiqued, in order to assess the relationship to the goals set for this thesis, and the possible limitations which may exist on these conclusions. With a few notable exceptions, many of the findings of this thesis support the conclusions drawn from previous research. They confirm that, when community support is in-depth and responsive to the needs of community participants, it can have a huge impact on the experiences of families (Cassel, 1965; Halfon & McLearn, 2002; Mertensmeyer & Fine, 2000; Nelson & Prilleltensky, 2005).

The conclusions developed in this study have demonstrated that the importance of the community support services cannot be underestimated. When appropriate funding is provided so that the services can be as intensive as needed, and when there are systems in place where appropriate reviews and feedback can take place in order that the services are still appropriate to the needs of their clientele, then we cannot underestimate the possible benefits which this support can bring (Cassel, 1965; Halfon & McLearn, 2002; Jacobson, 1984; Mertensmeyer & Fine, 2000). However, while community services can be a significant source of support and empowerment, six of the seven participants in this study experienced barriers and social stigma when trying to access these services. Many of these services which were most associated with barriers or substandard levels of care, were those that were traditionally

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conservative, or had a male- dominated practice, in particular services provided by nurses and GPs. Therefore, it appears that the power dynamics involved with care need to be addressed. Community support services do not have to take on authoritarian roles and dictate ways to care, in order to be effective at supporting their communities. However, participants in this study often contrasted their experiences of these services with other more effective services in the Hamilton community that participants saw as being accepting and inclusive of families with a variety of needs, from a variety of backgrounds. Hopefully, the findings of this study will act to empower families so that they may ensure that they receive appropriate and respectful treatments from all community support services, in the future.

Stresses and Needs of Families

I will begin my discussion of the findings of this report by describing the implications of the family's experience of stress. One of the key findings previously outlined in thesis was that, while the transition to parenting can be a very rewarding experience, it can also be very stressful. There are a variety of social and environmental factors that can lead to this stress, such as a lack of support, the experience of poverty and disadvantage, the results of conflicting messages received from support services and the responsibility of caring for a child, all of which may impact on functioning of parents and families. Many of these findings were backed up by existing research literature. O'Connor (2001) found that the high expectations and/or lack of support received from the family's community can also impact on the stress experienced by families. Other researchers found that the time spent as the sole carer of the child also meant that parents, particularly full time mothers, found that they became isolated from their communities and other sources of support (Families Commission, 2008; Kotchick & Forehand, 2002; O'Connor, 2001; Sunde, Andrews & Court, 2007; The Boston Women's Health Book Collective, 2005). Written descriptions of parents' experiences of caring for their children were supported by the accounts of the parents who

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participated in this study. They found that for many parents, the process of caring for children is characterised by feelings of stress, responsibility and vulnerability (Sunde, Andrews & Court, 2007; The Boston Women's Health Book Collective, 2005). These findings show that parents experiences of stress are a good deal more dynamic than the basic issues described in previous literature, such as; the physical stress of pregnancy, delivery and/or learning to breastfeed, the stress of adapting to the demands of a young baby, and changes in the parents' lifestyle and social environment (Halfon & McLearn, 2002; Simons, Reynolds, Mannion & Morison, 2003; The Boston Women's Health Book Collective, 2005). The findings from this study back up the conclusions draw from previous literature, such as Belsky and Rovine (1984) and O'Connor (2001), who found that parenting, throughout a variety of different stages in a child's life, can be one of the most stressful life experiences that many parents will have.

Social supports can have a key role in dictating parents' reactions to the experience of stress. Parents need to be provided with opportunities to socialise with other families. When families are not provided with a supportive community of parents to interact with, they have no way of accessing the advice or support which they need. Many of the participants in this study found that because other parents were going through the same experiences they were, they were able to understand and empathise with the stresses which they are experiencing, as their other friends were not able to do. However, the stress that parents experience can also lead to strained relationships within the family, friendship groups and community, as the expectations that societies and social groups place on parents can have a key role in dictating parents' personal evaluation of their skills and abilities. These strained relationships become another stressor which adds to the issues which families may already experience. This creates a cycle where parents can continue to get more and more stressed, as the stressors in person's day to day life impacts on their needs and expectations of support, and a lack of support then

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impacts on the person's day to day life. These findings on the negative impact of stress, do elaborate on the findings of previous researchers such as O'Connor (2001), however, the idea of a negative cycle being caused by this stress is an issue that has not yet been explored by previous research. The cyclical nature of the experiences of the families, described in this study, is an example of process which researchers such as Hunter (2009) have previously referred to. This process is called 'cumulative causation', where people's negative feelings and attitudes affect their social outcomes, and these social outcomes reinforce the negative attitudes which people may have (Hunter, 2009). It is this cycle that needs to be stopped in order for families to create some form of wellbeing.

As previously discussed, stress can also result from other uncontrollable features in the families' environment, such as poverty or social discrimination. While these factors were only briefly mentioned by the participants in this study, researchers such as Garbarino, Bradshaw and Kostelny (2005), Halfon and McLearn (2002), Kotchick and Forehand (2002) and Peirson (2005) have all discussed in detail the role which poverty can play in the experience of parents. It is also important to note that, as previously discussed by Peirson, (2005) and O'Connor (2001), even without the experience of poverty, many families can still experience barriers and disadvantages when attempting to access resources in their communities. This is particularly the case for marginalised groups, which can have restricted access to social resources such as education, health services, housing, income, leisure activities and work (Kagan & Burton, 2005). However, while the results from this thesis confirm that these were relevant experiences which were shared by the participants in this study, they were not solely the domain of the poor or disadvantaged. Even those families who were relatively well-to-do still described the same needs for community and social support, as their counterparts, and when this support was not provided, the impact on their wellbeing was as significant as the possible impact on other, poorer participants. Therefore, it is important

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not to overstate the possible impact of poverty on families, at the expense of the other important issues which these families may be experiencing.

In order to break this cycle of stress, families need to be provided with access to support which are appropriate to their needs and is able to deal with all of the stressors that families may be experiencing. The participants in this study described wishing that collaborative network of services was available to them. This form of support would be of much greater use to the participants in this study, than the current services, each of which only seem to target a selective range of the issues which parents may be experiencing. One way that community services may provide for parent's needs is by networking and connecting with other sources of community support, so that, when the families express a need that one service cannot meet, they can easily and quickly refer the family to another service who can. An example of a collaborative service can be seen in the study by Mertensmeyer and Fine (2000). In their study of the service called 'Parentlink', they described a service that could be of great use to the Hamilton community. 'Parentlink' aims to provide families with a 'one stop shop' of readily accessible information on the services that are available in their community, and will liaise with these services in order to provide appropriate care for these families (Mertensmeyer & Fine, 2000). A New Zealand-based example of a way that this can be done is shown by Healthline. As part of their goal to provide up to date support and information for callers around the country, Healthline has formed a range of relationships with other key services such as GPs, hospitals and other community organisations (Kalafatelis, Fryer, Harsant, Cunningham & Taite, 2002; McKesson Corporation, 2009; Ministry of Health, 2009). This relationships mean that Healthline can provide the participants with direct access to services that can provide them with the care they need, when they need. By collaborating with other services and being flexible enough to be able to support parents from a variety of different social groups, with a

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variety of different experiences, support services may play a significant role in reducing families' experiences of stress.

Ways of Improving Families' Access to Support Services

One of the key ideas that came out of the data collected in this study is that it is important that services use a variety of different forms of media and technologies in order to ensure that they are easily accessible from parents who have a variety of different lifestyles and experiences. Previous researchers, such as Mertensmeyer and Fine, (2000) have found that by using a variety of forms of technology, services are found to be much more accessible by their communities. This idea was supported in the data collected for this thesis. These findings demonstrate that access to information and support are important factors in dictating people's experiences of parenting. Even simple forms of technology may represent key tools to help families access support. Examples of the tools which were of use to families include communication technologies such as the internet and phone-lines and even more forms of communication, such as brochures and fridge magnets, can provide parents with information which can be easily accessed, when needed. Assistance with issues relating to the transportation of help and support services was also valued by families, and in particular home visits were an especially valued form of support. Not only did they reduce new parents' reliance on transport, they meant that the parents can discuss their issues and experiences in an environment which is familiar to them, however previous research has been somewhat contradictory on this point (Banks, 2008; C. Curtis, personal communication, October 19, 2009). These forms of technology and transportation are tools that parents can use to access support. They are critical mediators between support services and the families who access them, and without these tools many of the participants in this study would have found that the supports that are available in their communities were simply inaccessible (Mertensmeyer & Fine, 2000).

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As well as being able to use media and other tools to access support services, the participants in this study stressed the importance of having information on what services are available and what kinds of support they provide. While this might seem like a minor point, but if parents are given a list of organisations to contact, without being provided any information on what their expertise is and the services which they provide, then they will have no knowledge of whether the support services that are available are appropriate to their needs. It is this lack of knowledge that may make some parents feel wary for asking new services for support, even if they are aware that that service is available. This is particularly the case when parents belong to non-dominant groups which may be wary of approaching support services for fear that their parenting practices will be misinterpreted (Banks, 2008; Gifford & Pirikahu, 2008; Halfon & McLearn, 2002). In order to gain this information, one participant in this study went so far as to telephone every service which had been recommended to her, in order to gather information about the kinds of support which they provide. However, while this method of gathering information may be appropriate to this participant, many others were wary about contacting services without knowing what it is they do, and do not have the time to gather this kind of information from every service in their community. While little literature has been published on this subject, these experiences may go to explain any under-utilisation of the services present in the Hamilton community.

Implications of Social Barriers and Marginalisation

As discussed in the results chapter of this thesis, the families which have participated in this study also experienced a variety of barriers when accessing community organisations in their community. The barriers acted to prevent these families from accessing the resources and support when they needed it, which then lead to these groups being socially marginalised. There are a wide variety of groups in the New Zealand environment who do not feel they get fair access to resources and support, because of their identity and/or living situation. Several

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researchers have noted the discrimination and disempowerment that minority groups experience when accessing community services. This discrimination was particularly noted by Bolitho and Huntington (2006) in their study of the access to health care of Māori families. Many of the participants in Bolitho and Huntington's study noted the patronising behaviour and lack of support they received from the medical services which they were accessing. Because many parents' concerns were not taken seriously by medical services, the quality of the care received by Māori children was significantly reduced. The studies conducted by Banks (2008), Webber and Boromeo (2005) and Robinson (2009) reinforced this conclusion, and its relevance to the experiences of sole parents, as they found that sole parents may experience instances of discrimination and social stigma, which may impact on their experiences of parenting. The Child Poverty Action Group, (2008), Robinson (2009), and Walter (2002) all found that the disadvantages sole parents experienced can lead to parents experiencing barriers when accessing a variety of resources, including employment, housing, other possible sources of income and opportunities for social participation. These findings were repeated by the participants in this study.

While this sense of marginalisation may have an impact of the resources and community services which parents' access, they can also have an even more significant impact on the access to friendships and social support from other parents in this community. The participants in this study discussed the key importance of having a strong friendship groups with other parents with young children, as not only do these friendship groups provide support and encouragement to families, they are also a key method in which information and resources are distributed. While this presence of a supportive community may have a positive impact on the experiences of socially connected families, then conversely the lack of these resources may have a negative impact on other families. While these social communities may be a key resource the parents who are able to access them, parents who may be outside of the

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community, who are isolated or who experienced social stigma based on their culture or lifestyle, will be significantly impaired by not having access to this resource. The impact of these experiences of social isolation could be seen on the participants in this study, many of whom experienced times when they missed out on opportunities or advice, because they lacked access to a supportive and knowledgeable community. These experiences have already been described in the literature published on marginalisation and social exclusion, which has found that the wellbeing of people who are isolated from their communities and not able to participate in social and political activity, is significantly lower than the rest of the population (Hunter, 2009; Kagan & Burton, 2005; Lynam & Cowley, 2007). Therefore, the results from previous literature reinforce my conclusion that, while barriers in access to community organisations can have a significant impact on the experiences of families, the impact of social isolation may be even greater.

In order to prevent the causes of social isolation and provide for the needs of a variety of different social groups in their community, support services need to use flexible techniques which can be adapted to use with families from a variety of different environments and backgrounds. It can be very easy for support services to see their services as being effective, especially if they seem to cater to the needs of a majority portion of the population; however it is essential that community organisations acknowledge the differing needs and experiences of all the social groups in their community. When support services only cater to the needs of the majority group, they are providing support for some, not all, and by doing this they are discriminating against many communities which are in need. An historical example of this can be seen in the Eurocentric practices of the Plunket Society, which directed their services at the needs of European families and by doing this ignored the impact which colonialism and land removal were having on the experiences of Māori (Coney, 1993). However, by being flexible in their techniques they use, by targeting services to particular social groups and

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encouraging grass roots services that are designed by the client group, for the client group, community services can take significant steps to be inclusive of families from a variety of different backgrounds (Bolitho & Huntington, 2006; Gray and Gray Matter Research Limited, 2001; Halfon & McLearn, 2002; Mertensmeyer & Fine, 2000). Actions such as these will hopefully lead to improvements in the experiences of these families in the future.

As discussed in previous parts of this thesis, the participants in this study belonged to a variety of non-dominant groups, social groups which previous research has associated with social marginalisation. However, if these participants belonged to such differing social groups, then why did their experiences of social marginalisation have so much in common? The participants' positions in these minority social groups could be one of the explanations for why so many of the participants in this study experienced barriers to support, but there is another possible interpretation of these findings which could be made, which may reveal another reason for why the participants in this study have had these experiences. The reason why these participants have experienced social barriers may have been a result of the lowered social status which they experience as a result of being mothers. On many occasions when the participants in this study described their concerns not being taken seriously and their rights to ask questions and be involved in their own care were dismissed, the underlying justification for this behaviour seemed to be because the participants were all mothers. While many participants described believing that the social discrimination which they experience may be a result of their position in minority groups, such as being sole parents or Māori, these experiences were also shared by participants who belonged to majority social groups. Participants five and six were both mature, educated (both having masters level degrees) Pakeha mothers who were in long term relationships yet these participants were the two who were most critical in their descriptions of their experiences of support services, particularly medical services. Participant five described the reasons why she did not like going to visit her

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GP, saying “I was just... didn’t really wanna go because I felt so belittled, in a way.”

Participant six described her fear of being treated like a child by her long-term GP. She observed that

It’s really hard now, when I go to see him, because I still feel like he sees me as that, kind of irresponsible teenager. You know, now I’m a married, responsible woman and if I’m worried about my children, then it’s for a good reason!”

Therefore, if we explore this interpretation of the findings, then it would seem that when accessing support services, particularly GPs and medical practices, the mere fact that you are a mother is enough justification for professionals to undermine your social rights and ability to access resources and be involved in your families’ care. New mothers may find that they start to be treated like a child! As described before, this sense of social marginalisation can be reinforced, both through the negative experiences of community organisations that families may have, and through internalised feelings of shame and fear that these families may experience. Authors such as Kagan and Burton (2005) and Lynam and Cowley (2007) found that oppressed people often internalise the narratives which exist about them in their community, and many of the participants in this study, including the participants previously mentioned, described feelings of shame and intimidation which clearly indicate the social marginalisation which they experience. These results indicate that it is these participants’ social positions, as a woman and a person who chooses to care for children, which may be the underlying reason for why these experiences are so common. Very few previous researchers, with the exception of Banks (2008), seem to have discussed this issue, however, the evidence provided from this study may indicate that the social position of mothers in New Zealand society is an social issue which needs to be explored by future research.

Impact which Community Resources can have on Families

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Once families have been able to access support from community organisations and the other community members with whom they can interact, one of the key resources which families' received came in the form of knowledge, skills and information. Researchers such as O'Connor (2001) have already found that community support services can have a positive impact on parents' social wellbeing and knowledge. The reason why access to knowledge is such a key source of support is because many parents see themselves as in need of education and skills training, in order that they may be able to use these techniques to improve the lives of their children and families. This knowledge can be provided from a variety of different sources, including books, courses, phone lines, the internet and word of mouth. Many participants in this study found the provision of information and skills to be interesting and empowering, and it therefore enriches their day to day experience of parenting. This can be seen in the case of participant three, who found that the community services that she interacted with increased her political awareness and empowered her to take on the leadership role of Workshops Co-ordinator for the local Playcentres. She described how participating with La Lèche League and gathering information on breastfeeding encouraged her to be more politically active, saying:

the more I learned about breastfeeding and just . . . trends and people's views on it, it makes me become more passionate about breastfeeding , and so that's really the kind of organisation I want to be a part of.

Therefore, accessing services which provide educational resources for parents cannot just increase their skills with dealing with children, but their skills with dealing with life.

However, when services provide information and advice to families, the information which they provide needs to be appropriate for their varying needs. Several of the participants in this study have come into stressful situations because the guidance which they received was not appropriate to their needs, and/or conflicted with the advice which they had received

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from other community services. This conflict leads to parents feeling confused and stressed. Much of this is because many of the services in New Zealand, such as Plunket and Parents Centre, have historically developed their programmes, based on universal principles which they believe apply to all families (Coney, 1993; Kedgley, 1996). However, the previous studies of researchers such as Kotchick and Forehand (2002) have found that parents adapt their parenting practices, depending on their environment, and therefore universal parenting practices do not exist. In particular, Banks (2008) found that Plunket needed to adapt its services in order for them to be more appropriate for the needs of young mothers. By providing the same advice to all parents, regardless of their situation, these services are ignoring the needs of families who may have different experiences, or may come from different backgrounds. Therefore, it is important that community organisations and other groups understand and acknowledge the family's social and cultural experiences, so that the care they provide may be appropriate for their experiences and their lives (Kotchick & Forehand, 2002; Mertensmeyer & Fine, 2000).

Another key resource that is important for the future wellbeing of families is access to friendship and/or support. As was widely mentioned by the participants in this study, there is a widespread belief among parents that every parent or carer should have a supportive community of friends which they can access on a regular basis. This need for a supportive community of parents was also noted by the parents cited in Nash and Martin (1995), Sunde, Andrews and Court (2007) Webber and Boromeo (2005) and The Boston Women's Health Book Collective (2005). This community will continue to be a key source of support for parents and families, throughout a variety of different stages in their lives (Halfon & McLearn, 2002).

While friendships can be a key source of emotional support, community organisations and the support provided by community workers can also have a key role in improving

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participants' wellbeing. In particular, the researchers such as Cassel (1965), Dunham (2003), Mertensmeyer and Fine (2000) and Powell (2005) noted that for a community organisation to effectively function, they need to employ quality community workers who are able to develop a supportive relationship between community participants and staff members. This sense of connection and relationships can be seen in services which support the Māori principle of whanaungatanga (McNatty, 2001). This need for whanaungatanga, or a sense of combined relationships and connections between people and organisations was mentioned as a key resource by the participants in this study, who found the support they received lacking if a relationship with the service providers was not present. Researchers such as Simons, Reynolds, Mannion and Morison, (2003) have already found that a supportive relationship between community workers and parents can play a key role in improving families wellbeing, and the finding from this thesis support this conclusion.

While many of the sources of friendship and support discussed in this thesis may take the form of 'emotional support', it is important to note that this is not the only form of support which parents need. Parents value support which provides them with opportunities for socialisation and adult company, and practical resources, such as meals. The accounts of the experiences of parents, provided in the Families Commission (2008) and Sunde, Andrews and Court (2007) support these findings. They show that even an opportunity to have some sleep or some time-out can be a key resource for families. Therefore, the findings of this research need to acknowledge that the experiences of parents, and needs which they will have, are multidimensional and need to be supported in a variety of different ways.

The final resources that were of key importance to parents and families were the services that assisted with their child/children's development. The participants interviewed in this study saw themselves as their children's first teachers, and because of this they valued opportunities that services can provide that both involve parents in their children's education

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and assist in child development. They also particularly valued opportunities for their children to socialise and interact with their peers and other adults. Therefore, parents found that support services could impact on their children's development in a variety of different ways. These interactions were seen to play a key role in preparing children for school.

Previous research has shown that community organisations and support services can have huge impacts on the wellbeing of community participants, from a wide variety of social groups, including parents and families (Gifford & Pirikahu, 2008; Herrero, & Gracia, 2007; Nelson & Prilleltensky, 2005; Simons, Reynolds, Mannion & Morison, 2003). However, it would be misleading to think of parents as passive recipients of support, in this scenario, as community services work best when they involve parents and community members in their own care, and foster their independence. Many of the services that were most valued by the participants in this study, were services that did not solely provide support, but also allowed parents to follow their own instincts and be involved in making the decisions as to how best to care for their child. This is supported by the findings of Neal and colleagues (2007), who discuss the importance of parental empowerment, in particular in situations where parents are being guided by 'expert' judgement that otherwise might undermine the very relevant and specific knowledge and experience that parents may have in relation to their own children. Therefore, the key role that many services have played in this community, is not to 'provide' resources to families in need, but to call on the resources that the families have inside themselves; their capacity to learn and develop based on the experiences that they have, and their capacity to form communities, and provide support to other parents, similarly to how they receive it themselves (O'Connor, 2001).

Implications of the Findings of this Thesis, for Support Services in the Hamilton Community

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The results from this study raised some interesting points, many of which had relationships with participants comments on the eight community services which were discussed in the previous chapter. While many participants in this study described the strengths of these services and the resources which they provided for them, there were several suggestions for improvement which could easily be incorporated into the future development of these services. The participants in this study found that Plunket and the Parents Centre in particular, needed to develop more flexible advice on parenting techniques and skills, in order that they might be more appropriate for various different social groups. This is supported by the findings of Banks (2008) and Barber (C. Barber, personal communication, December 17th, 2009), who found that participants in their studies also needed support services to be more flexible, in order to be in-tune with the needs of their client base. These suggestions for improvement were particularly supported by the findings of Banks (2008), who found that “Plunket may need to adapt its culture and services in order to be useful to and accepting of young mothers” (p.94). However, many of the proposed changes to the Plunket Society (as outlined in Plunket, 2008), such as the provision of a larger range of support services for various groups in New Zealand communities, and the hiring of more administrators to ensure the programme is run smoothly, may address many of the weaknesses and suggestions for improvements that were discussed by participants in this study. Services such as Plunket have already provided us with evidence that they can change their policies in order to keep them in tune with the needs of modern participants (Coney, 1993; Kedgley, 1996; Plunket, 2009). They have an opportunity to repeat this skill in the future.

Several of the services mentioned by the participants in this study, are now what may be described as New Zealand institutions. The participants in this study noted that accessing some of these services, such as Plunket, was a normalised aspect of parenting in this country. As participant three described, “everyone’s a Plunket baby. It’s just what, the thing that you

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do, I guess.” However, it is possible that because of the fact that these services are now in such common use, it may mean that services have an unspoken authority and dominance over groups in this community. Several of the services which participants in this study accessed, Plunket, Hospitals, their GPs, are founded on conservative, male-dominated values which aim to control women’s bodies and the way they care for their families (Gottfried, 1998; Gridley & Turder, 2005; Kaiser, 2002; Kedgley, 1996;). The findings of this thesis have elaborated on the findings of these studies. I have found that the women in this study, as patients of these doctors, will internalise a sense of inferiority and diminished status in comparison to these ‘professionals.’ This unspoken authority means that it very easy for these institutionalised services to control and dictate advice to these families, without having to explain or justify the role which they play in their lives. This internalisation is a symptom of the many of the patriarchal institutions and cultural values we have in New Zealand’s society, and is a significant issue which needs to be addressed in the future.

All in all, the findings of this study demonstrate that there are a variety of different ways in which parents in the Hamilton community can be provided with support. The social environment in Hamilton is characterised by the presence of a wide variety of services which can provide resources and support for families in a variety of different ways. However, a consistent lack of information on what services are available, the presence of social barriers which prevent parents accessing these services and the use of inflexible practices amongst these organisations, have meant the there are still many parents who are not able to access the social support they need. Future developments with these services will hopefully correct these problems, in order that families may readily access all the resources they need, in order to develop their full potential.

Summary and Conclusion

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People can have a variety of different experiences of community organisations and services in their community. Because of this, these services which aim to support parents with young children can have a variety of both positive and negative impacts on families' lives. Community support can be a key influence on wellbeing of families. When support is provided and has a positive impact on the experiences of families, this can lead to increased wellbeing. However, when support is not provided or is not appropriate for the families' needs, then it can have a negative impact on families and lead to increased stress. Despite these statements, it would be black and white to view the community support services in the Hamilton community as either 'good' or 'bad.' This is because the parents who have accessed these services all had a continuum of different experiences of the services available in their community, and the impacts they had on their lives. Services such as Plunket, La Lèche League and the support provided through midwives have all been described as having both positive and negative impacts on the experiences of the participants in this study. While there are a variety of suggestions for improvement which may help these services provide support which is more appropriate to the needs of their community, it may be naive and idealistic to expect that no community service would have some weaknesses which would impact on the experiences of their participants. However, there are significant improvements to be made, the findings of this study have demonstrated that when community services are successful in providing appropriate support families, the benefits that can be derived from this are huge. As community support services provide parents with resources which increase their knowledge, skills and empowerment, parents can then use these resources to help other families they are in contact with. This means that even small amounts of appropriate support can greatly strengthen the communities in which parents function.

Therefore, the key finding which has been developed from this research is on the primary importance of the empowerment of families. While community services may provide

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resources and support to a variety of families, these services alone are not responsible for the success of the resourceful and caring parents and happy children that I met during this study. This study, along with other research in this field has found that community organisations and services work best when they aim to support the resources and abilities that families have inside themselves (Kotchick & Forehand, 2002; Webber & Boromeo, 2005). One of the key barriers that many of these families experienced, when contacting community services, was not that they did not pick up on or correct the problems that the family may be experiencing, but that they simply did not ask questions and listen to the parents' own experiences and ideas as to why they need extra support. By providing families with opportunities to increase their knowledge and skills, opportunities for the socialisation and education of their children, and the reassurance and the support that all individuals need in order to function in their society, services can provide parents with all the resources that they need, so that they themselves are able to support their families and their communities. Community organisations alone do not create success; they allow the individuals and families in their communities to do this for themselves!

Evaluation of this Study and its Relevance to Future Research

Now that I have outlined the key conclusions which have been developed in this study, I would like to critically evaluate the success of this study and its findings. Firstly, in order to discuss the relative success of this research project, I will describe the relationship which the findings of this thesis have had, to the key goals as described in the introduction to this thesis. The three goals were, firstly; to gain a greater understanding of the experiences of new parents and the role that community organisation can play in forming these experiences, secondly, to understand of the relationship between community groups and the community support services they access, and finally, to discuss the possible positive role that community

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organisations can play in the experience of families and social groups from a variety of different walks of life.

For the first goal, I believe I have developed what could be seen as starting point for further research and discussion of the needs of parents with young children, and the role that community support services can play meeting these needs. The participants in this study described a very intense and meaningful relationship that exists between parents and families, and the community services that aim to support them. The period after first having a child can be one of the most stressful times in a family's life, when they may be in need of the most support. During this time parents and families will have to adjust to many challenges, including the physical changes resulting from the pregnancy, the birth and/or breastfeeding; the stress of caring for a young child as well as any changes which may take place in the parents' social environment (Halfon & McLearn, 2002; Simons, Reynolds, Mannion & Morison, 2003; Sunde, Andrews & Court, 2007; The Boston Women's Health Book Collective, 2005). These challenges can completely change parents' experiences of their relationships and social environment. Community services can play a key role in assisting families and helping them to adapt their lives to fit these new challenges. The findings of this study have supported many of the conclusions made in previous research; however I believe that further research is needed to understand the relationship between these findings and the experiences of parents from a far more varying selection of social and cultural groups. In particular, there is potential for further research on the role that grandparents, whānau and the extended families can have in supporting families, as previous research has indicated that this may have a significant impact on the experiences of a variety of cultural groups in which live in New Zealand (Families Commission, 2008; Gray and Gray Matter Research Limited, 2001; Gifford & Pirikahu, 2008).

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For the second goal, while this may not have been the area that I expected to collect a great deal of information, when I set these goals, however a quite significant proportion of the data that I collected revealed a subtle power dynamic that exists between support services and the communities which access them. There is an unspoken authority that many support services, particularly medical services have, and this authority can undermine the confidence that parents have in their right to ask questions and access help. These findings were also repeated in studies, such as Bolitho and Huntington (2006), who found that the discrimination experienced by Māori, when attempting to access medical services, was a significant reason why the health of Māori children was lower than the rest of the population. This research helps to demonstrate the ways that patriarchal institutions and systems of power still govern the experiences of many groups in this country, irrespective of the social changes that have taken place in the last century (Kedgley, 1996; Gottfried, 1998). Therefore, the concerns highlighted in this thesis represent significant issues which need to be addressed in the future.

As to the results of the final goal, while all of the parents in this study referred to community services and the role they can play in their lives, I do not believe I collected enough information to be able to say whether or not community support services were something that was needed by all parents in this community. While all of the participants in this study did mention both community organisations, and community groups that they called on for support, the intensity of this need varied from participant to participant. Therefore, I do not believe this study provided any conclusive evidence that this was a need that was continuous to all people. While this study did aim to discuss the importance of community participation and other factors relating to this issue, it is clear that this political statement is not a justifiable conclusion for research. However, while the participants in this study did not note a universal need for access to support services or community organisations which ran across all parents, as every participant in this study had a key community or group of friends

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that they relied on for support. Access to supportive communities of parents were widely believed to be a key feature which protects the family's wellbeing. While participants may vary on how often they access community support services and the role they play in their lives, I believe that friendships and social networks are a key form of support which can be accessed many times throughout a participant's life, for many reasons. By acknowledging this, this study reinforces the importance of social support and the relevance of this subject to social psychology.

Possible Limitations on the Findings of this Thesis

While I feel that this research may have taken a step towards achieving the goals which I set for this study, there are also a range of barriers which I came across during the process of researching this thesis. The first barrier which I experienced, which had a significant impact on the key findings developed from this study and their relevance to future research, was the small sample size of participants recruited in this study. While I planned to interview between 10 and 15 participants for this thesis, the total number which I was able to recruit was seven. One of the reasons for this was that, while I contacted a wide variety of organisations and services in order to ask them to publicise my work, several services declined to participate in this study. As no service gave a reason for this decision, I am not able to discuss why this barrier was in existence or whether any possible changes to this study could have prevented this occurrence. However, this fact may have had an impact on the number of participants which I had access to. As well as this, from talking to a number of participants and organisations which were involved with this research, I gained the impression that the demographic group which I wanted to access in this study may be over-researched. Some of the services which I contacted in order to request that they publicise my research, informed me that they were regularly asked to help students and researchers with studies similar to mine. Because of this, it is very possible that participating in a research

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study may not be a novel experience to many parents of young children, especially those who lived around the university, and therefore many parents may have had no interest in taking part. Those participants who did contact me observed that while they believed that a large number of parents may have been provided with information about this study, many of these parents were so busy that it was very unlikely that they would have had the time or inclination to respond. This factor has had implications on both the size of my study, and the variation of participants who I was able to contact, as the many of the participants who contacted me had previous or current experiences of university education, which may have made participating in a research study more interesting for them. As well of this, as a young woman with no children, I have very few personal connections to parents with young children. These relationships were a major resource for recruitment of participants in previous studies such as Banks (2008). However, I still believe that despite the small sample size, I did manage to develop a range of findings which may be of use to people interested in this field, along with some possible gaps in the current research which may be worthy of fuller study in the future.

Another factor which may impact on the findings of this study, and the relevance that these finds have to parents with young children in the Hamilton area, is the fact that there were a large number of social groups which did not take part in this research. Examples of some social groups which I had hoped would have greater participation in this study include parents with young babies, male carers, and I would have liked to have a more detailed exploration of the experiences of minority ethnic groups and Māori. These social groups may have had significant differences in their experiences, from the predominantly Pakeha women which I interviewed in this study, and as a result I believe that the key findings which I have developed may only represent of a subset of the Hamilton population, not the whole community which I aimed to study.

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Another point I would like to make is, as can be expected for a standard piece of master's level research, it is not necessarily possible for the findings of the thesis to be widely publicised or published amongst the community in question. As such, are very unlikely to lead to any developments or changes which will impact on the community studied. One of the goals for this study was to raise awareness of the relationship between services provided for parents, and the people who might be in need of support. Therefore, in order that this thesis could be of greater use to the participants and organisations which took part in this study, I decided to produce a booklet which summarises the key findings developed from this study (see Appendix B). By distributing this booklet to participants in this study, as well as other relevant organisations which assisted me during this time, I hope that some of the results of the time and effort taken by myself, my supervisors and the participants involved in this study, will filter back to the community. However, despite these efforts I am still aware that a much larger scale study is needed to achieve the goal of reinforcing the role that community support can play to the Hamilton community at large.

The final factor which I believe may have an impact on the findings of this study, and their relevance to the community group being studied, is the fact that, as I mentioned before, I am a relatively young student who does not have any personal experience of raising children. As I have discussed in the methods chapter of this thesis, I have taken a variety of steps to try and ensure that the findings of this study are a fair representation of the information which I gain from interviews and other background literature. However, as I conducted this study I was very aware that I have no personal understanding of the experiences which these parents had described. In qualitative research such as this, a large portion of the information gathered is not explicitly described, but implied based on the stories and shared meanings which are developed between the participants and the researcher (Bryman, 2004; Liamputtong & Ezzy, 2005). During the course of collecting some of the data for this thesis, I have felt that maybe

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there was some significance of the issues which parents were describing, which I was not able to pick up on, based on my lack of experience of this stage in life. While I did a great deal of background reading and research in order to try and ensure that I was knowledgeable about the many experiences which parents can have and the way which they can impact on their lives, there is some knowledge which obviously cannot be communicated through books or words, that has to be experienced in order to be understood. While C. Curtis (personal communication, February 22, 2010) did point out that my positions as a ingénue have been of benefit to this study, as it meant that there was less of an authoritative power dynamic between research and participants, I still feel that the fact that I lacked this understanding of the emotional experience of parenting, may have had an impact on the way that I interpreted this material, and therefore on the significance of the findings developed from this study.

As has been discussed in this, the discussion chapter of this thesis, there are a variety of developments which took place during the process of this researching this thesis, which may have had an impact on the findings and conclusions which could be made from this study. However, I believe that there have still been a range of results, which were developed in this study, which may be of use to future psychologists and researchers aiming to understand the experiences of families in New Zealand. Theories developed in this thesis, such as the social positions of mother in comparison the services which they have accessed, and negative impacts that cycle of stress and lack of support can have on families, may be of great use to parents and carers who are trying to understand the relevance of their experiences, and their relationship to the experiences of other families. By acknowledging these issues, this study aims to empower the social rights of parents and families, and will hopefully encourage more active processes of review and feedback to take place amongst these community support services in the future. However, I alone cannot judge the possible

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relevance or weight of these conclusions and the impact they make have on Hamilton's communities in the future. It is only through discussion of these issues amongst groups in this community, that we may fully understand the processes through which social change may occur. By writing this thesis, and distributing the findings to relevant parties, in the form of the booklet outlined in Appendix B, I hope that, in a small way, the process of discussion may begin.

Chapter 6: Conclusion

While the birth of a child can be a time of great joy for a family, it can also be a time of great change and stress, when parents who may be previously used to being independent and in charge of their own lives, have to adjust to new experiences and the needs of a new person for which they are responsible for caring. For this reason many parents find that this is a time when they can come to rely on the support and resources that are provided by their communities. In this thesis, the various forms of support which can be provided by community organisations have been studied, in order to understand the impact that this support can have on the experience of families, and the social context of New Zealand society. While further research is needed to fully explore the questions and ideas discussed in this thesis, in particular with reference with a wider variety of social and cultural groups, I hope that the findings of this study will provide useful information for the families and support services in the Hamilton environment.

Summary of Thesis Content

This thesis has collected together various forms of information in order to describe and discuss the experience of being a parent, and the impact that community support can have in this experience.

The introduction to this thesis, aimed to establish the subject which will be explored in this research and it's relevance to the context of psychological research in New Zealand. It summarised the information we currently have available about the social context for parents, and demonstrated that there is a gap in our understanding of the experiences of both mainstream and minority families, particularly with reference to a range of new and developing community support services. This is a gap which the research project conducted in this thesis has aimed to fill.

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The literature review was focused on summarising the literature which had previously been published, on the experiences of parents and the role that community support can play on their lives. This literature demonstrated that community support can have an impact on the experiences of parents from a variety of different social groups, an impact which can then be passed on to children and other family members, and can be used to strengthen the communities in question.

The methods chapter aimed to summarise the techniques which were used in gathering information for this thesis and described the characteristics of the participants in this study, in order to provide the reader with an understanding of the processes used, and the impact they may have on the study's findings. Processes involved in feminist, qualitative research were used in order to collect data and analyse the findings in a way which reflects the role of a researcher, and aims to avoid any biases which the researchers' views on this subject may bring.

The key findings developed in this study were discussed in chapter five. They found that community support services can have a considerable impact on the experiences of families. When parents are able to access these services, they may impact on parent's knowledge and skills, the family's emotional wellbeing, and the social and mental development of the children. However, barriers which prevented the participants from accessing resources, as and when they need them, also lead to the experience of stress and other negative impacts on the success of parents and families.

Finally, chapter six, the discussion chapter of this thesis, compared the findings of this study to the literature provided by previous researchers, and discussed the conclusions which can be developed from these findings, and the role that they can play in helping researchers and psychologists to understand the social context of New Zealand. It was found that community support services did not solely provide resources which improved the experiences

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of parents and families, they empowered community members to take an active role in communities and networks of support, and asset them in building successful support networks and friendships which strengthened the community of parents, as a whole. However, in describing the conclusions which can be drawn from this research, and the comparisons which can be drawn with the findings of previous research, this chapter also acknowledge that various barriers and issues which were experienced during the process of conducting this research. These issues may have a possible impact on the findings developed in this research project, and their relevance to the Hamiltonian Community at large.

Despite the limitations and barriers experienced during the process of conducting this research, I hope that this study represents a first step in the process of describing the experiences of families as a social group in the Hamilton community, and role that changes and developments to the support services in their community, can assist in improving the experiences of these families.

Final Conclusions

The conclusions which were developed from the findings of this thesis, demonstrated that that both families, and community support services, come in a variety of different forms. During the early years of a child's life, many families will find that they will access support from a variety of different services, in order to gain greater knowledge and advice on techniques and skills that can be of use for childcare, to receive friendship and social support which will act to lessen the stress that these families will experience and to provide and resources and opportunities for the development of their children. The community services that exist in New Zealand all play a role in providing this support to the families in this study. However, there are many weaknesses which exist in the current services, which do not provide appropriate resources and support which can improve the lives of modern families. The findings of this study will hopefully act to empower the members of the Hamilton

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community, to discuss the experiences which they have and the ways in which these services may better provide for their needs.

The findings of this study support the conclusion that, when the community services and organisations provide appropriate forms of care that are readily accessible by parents with young children, they can play a key role in supporting and empowering parents and improving the wellbeing of the family as a whole. However, community organisations alone do not create wellbeing in families; they provide families with a source of support so that they are able to use their own strengths and resources to grow as people. Once parents have received appropriate forms of support, they can then themselves act as supports for other parents, and so the support that community support services provide to parents with young children can exponentially increase the wellbeing of the community. Because of this, community services must act to empower parents and get them involved and actively participating in the processes of decision making, both for their families and their communities. It is these families, not the organisations that act to support them, which we should respect, for they will be the source of knowledge, resources and support for the future generations to come.

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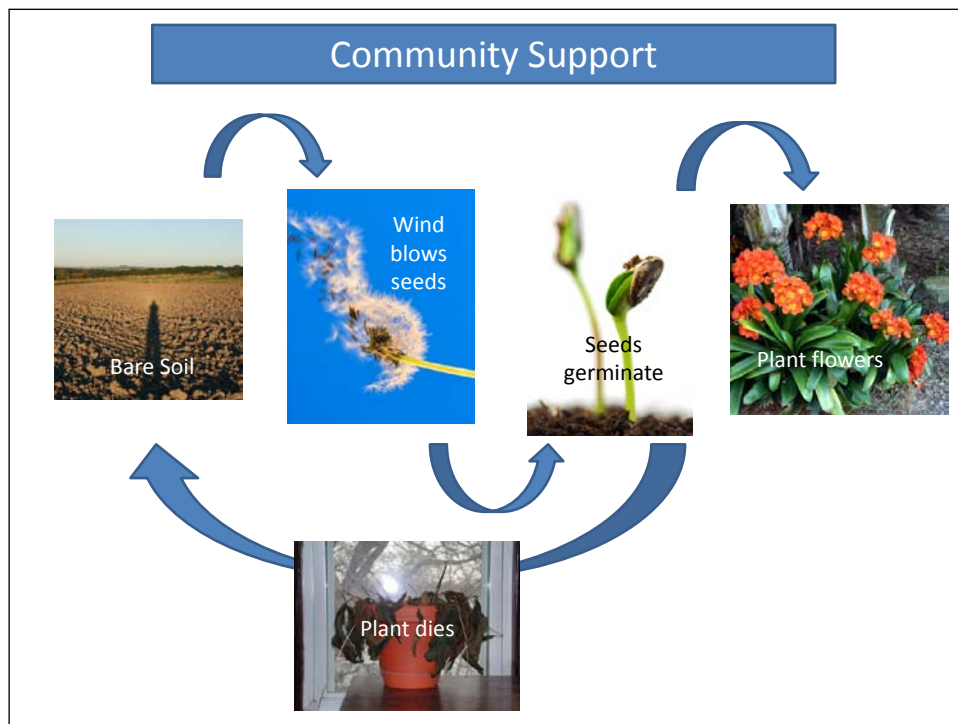
Appendix A: The Tools and Metaphors Used for Analysis

The following slideshow presentation is an example of way I used visual metaphors as a tool which assisted me in developing the key ideas and discussion points for this thesis. I have chosen to include these slides and a written description of the metaphors that I used for analysis, as an appendix, so that they reader may have a full understanding of the processes which I used to analyse these materials, and the possible implications that this could have on the relevance of the key findings from this thesis. I understand that these tools and some of the points that I make may be confusing to the reader, as they were only designed to that may make sense to me; however I hope that by including these materials I may prevent any confusion that a description of my research methods might otherwise have caused.

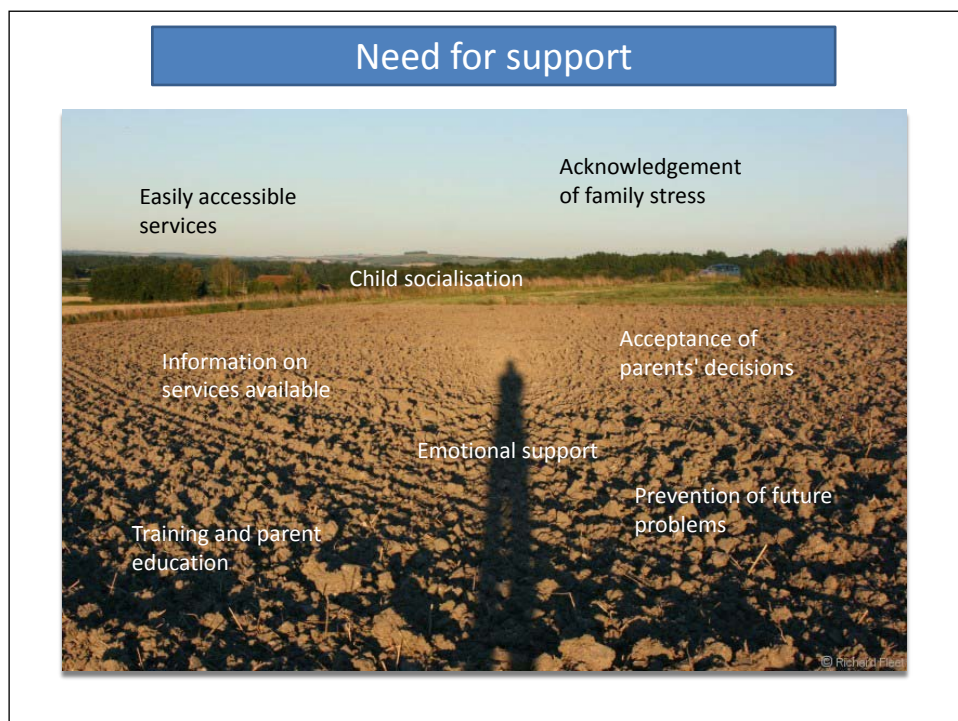
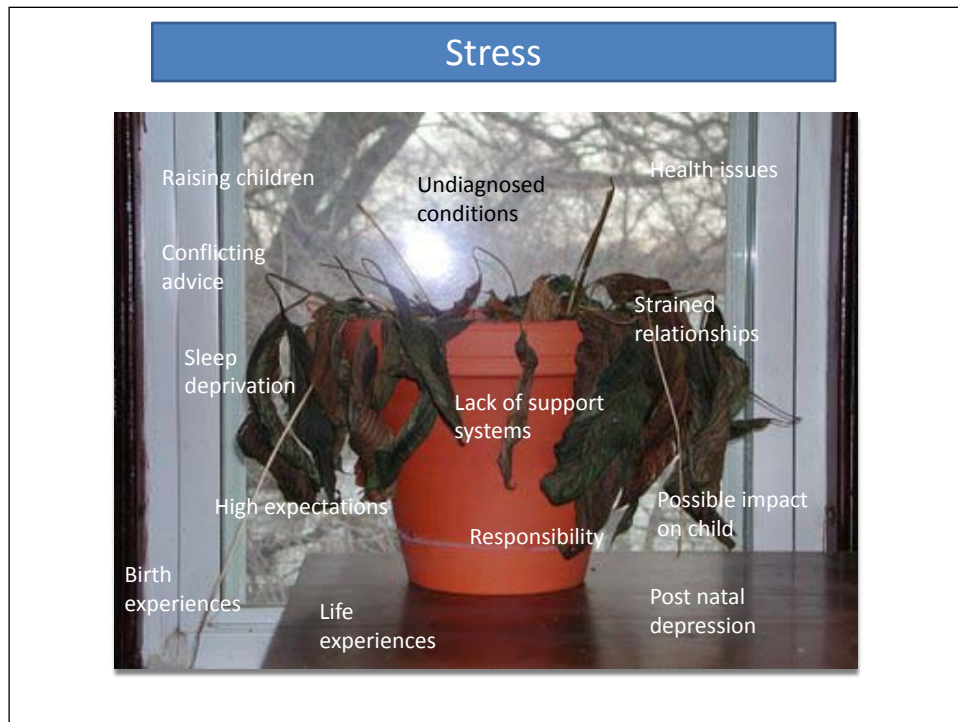
The following slides are the images with which I have represented the relationships between the key ideas in this study. A description the meanings of these images can be seen in section that follows. By describing the relationships between these the themes present in the data, I developed a section of key ideas which became the starting point for the development of conclusions for this thesis. These key ideas are outlined in the final part of this appendix.

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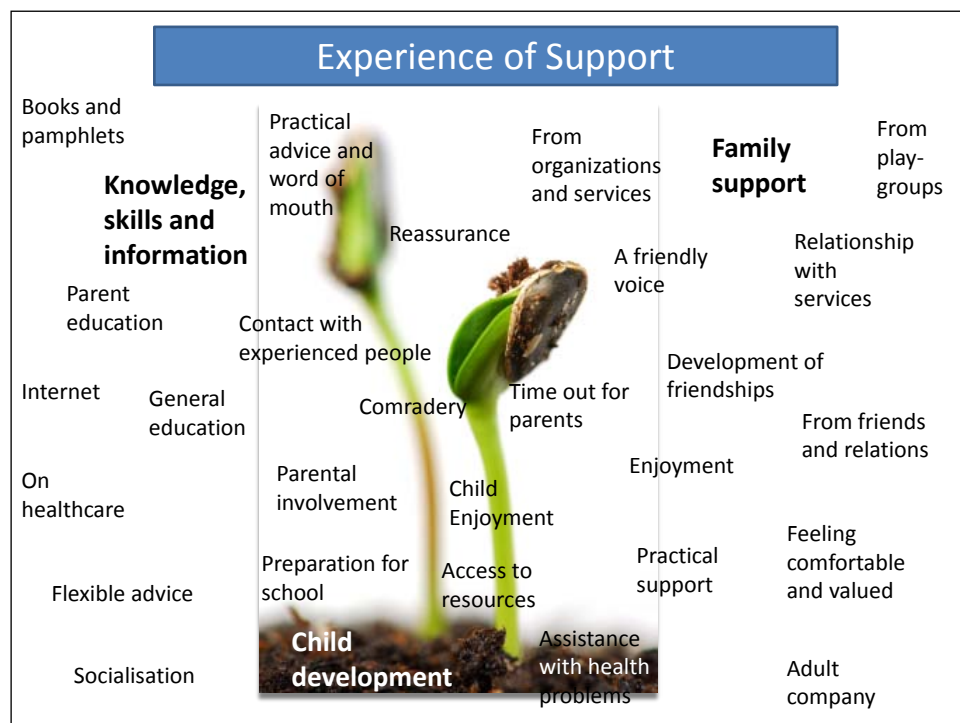
Visual Representation of Metaphor



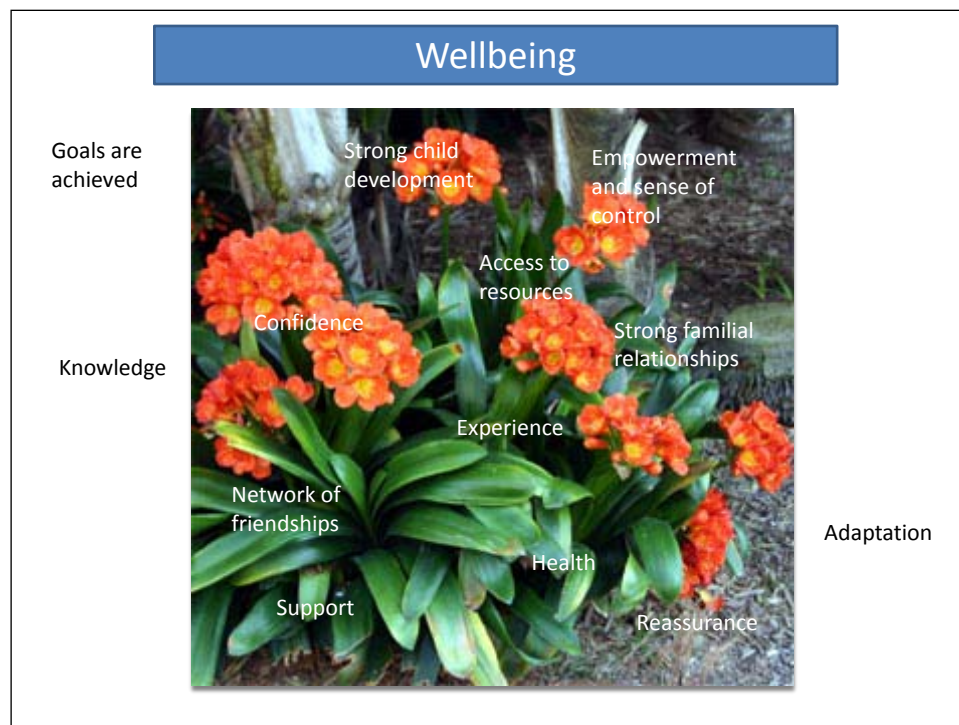
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Using these visual aids and key statements as a tool, I will describe the way my ideas were developed as follows: The basis for this idea started as an idea about how a plant grows. A field may start as bare soil, full of water, nutrients and the materials that promote growth, but at the present time, bare. However the wind blowing brings seeds from various other fields around this base, and using the resources that are present in the soil, the seeds can germinate. Some of the plants do not form a strong enough connection with the soil that sustains them and so they will die, and their soil will become bare again. However, plants that have been grown in the right conditions will blossom and flower. A visual representation of this process is shown in slide one.

While this may seem like a description of a natural phenomenon which does not have anything to do with the ideas studied in this thesis, I feel that there are very strong connections between these ideas of a plant-based ecosystem, and that of community support for families. The connections between these ideas are depicted in slide two. In this slide I show how, in my mind, the bare soil could be seen as representing the family without

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support. This family has many qualities and resources that will lead them to develop, but because they are in need of extra support, information or acceptance from their community, they cannot achieve wellbeing alone. Like the seeds blowing into a field, the key feature that will ensure that parents receive support is the ability to access it, and this way the wind can be seen to represent different forms of media that allow families to be aware of the services that are available to them. However, those barriers that that families can experience will prevent the seeds of support from landing on their field and allowing their plants to grow. Once families are able to access the seeds and form connections with the services and the support they need, families will then be able to access wide range of resources, including knowledge skills and information, family support, and assistance with child development. If these services develop a strong and supportive relationship with these families, the plants will flower, and the family will experience wellbeing, which can be seen in form of friendships, knowledge, support, acceptance, resilience and a variety of other features that make a family strong. However, if these services do not forge an effective connection with the family, the plants can die, and then the family will experiences stressors which will then lead them to develop a variety of new needs that will have to be fulfilled by new services. The following slides demonstrate how the process that a family develops, including many of the key these which were gathered from participants, relate to this metaphor. Of course this idea is simply a analogy, and cannot represent all of the different interactions that families and support services can have, however, I think this idea of a cycle will be very useful for explaining the reasons why the families I have studied experienced support they way they did.

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Key Ideas

Stress

- Raising children is very stressful but also very rewarding experience.
- High expectations and a lack of support in the person's community can add to this stress.
- Stress can result from dealing with the health issues of the parents and child.
- Stress can both result from, and lead to strained relationships within the family, friendship groups and the community.
- A person's day to day life impacts on their experiences of services, which then impacts on the person's day to day life. This forms a cycle.

Contact with Services

- Services need to be easily accessible from parents who have a variety of different lifestyles and experiences.
- Parents need to have information on what services are out there and what support they provide, before they can access them. This information needs to be freely available.
- Through lack of education and access to the services that are available, families may not get the help they need. This will impact on a variety of different aspects of the family's wellbeing.

Barriers and Stigmas

- There are a wide variety of groups who do not feel they get fair access to resources and support, because of their identity and/or living situation.
- This barrier is reinforced, both through negative experiences of community organisations, and through internalized shame and fear that people may experience.
- This experience leads to parents and families being isolated, lonely and vulnerable.
- Information is often easily accessed by people involved with the community, who has friendships and connections to organizations, however this means that that parents who may be outside of the community, isolated or stigmatised will not being able to find out about the support they might have needed.
- However, several services have taken active steps to try and be inclusive, and break down the barriers that may prevent people from accessing support.

Knowledge, Skills and Information

- Many parents see themselves as in need of education and skills training, in order that they may be able to use these techniques to improve the lives of their children and family.
- This knowledge can be provided from a variety of different sources, including books, courses, phone lines, the internet and word of mouth.

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- Many parents find the provision of information and skills to be interesting and empowering, and it therefore enriches their day to day experience of parenting.
- However, many services provide advice and information that conflict with other advice and guidance that parents may have received. This leads to parents feeling confused and stressed.
- Many of the services provide advice that is based on universal principles, and does not fit with the needs and experiences of families from different backgrounds.

Support for Families

- Support can be accessed from a variety of different sources, such as family, friends, community groups and staff members from various services.
- This support can lead to a variety of different improvements in parents and families' lives.
- Support can be provided in a variety of different ways.
- It is widely believed that every parent should have a supportive community of friends which they can access on a regular basis.
- Emotional support is not the only form of support which parents need, as parents also need information, opportunities for socialisation and adult company, and practical resources, such as meals.
- In order to provide appropriate and supportive services, services and groups need to understand and acknowledge the family's social and cultural experiences, so that the care may be appropriate for their experiences and their lives.

Children's Needs and Development

- Along with caring and supporting their child, parents are also educators of their children, and value opportunities that services can provide, to assist in child development.
- In particular, parents value opportunities for their children to socialise and interact with other adults and children, and these services play a key role in preparing children for school.
- These services that provide this can include Early Child Education services, informal play groups, Plunket and other services that provide education on child development, and services that support families where children may have developmental barriers.

Results

- The results of these positive and negative aspects of community services are that there are provided both positive and negative impacts of the experiences of families.
- When support is not provided or is not appropriate for the families' needs, it can have a negative impact on families and lead to increased stress. Where support is provided and has had a positive impact on families lead to increased wellbeing.

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- The services studied in this thesis formed a continuum of different experiences and impacts that these services can on different families.
- As community support services increase parents' knowledge, skills and empowerment, they can then use these resources to help other families they are in contact with. This means that even small amounts of appropriate support can greatly strengthen the communities in which parents function.

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Appendix B: Booklet of Summary Findings

Conclusions

The results of this study supported the conclusion that community services play a key role in providing support for families in New Zealand. This support has been shown to have a significant impact, not just on the wellbeing of families with young children, but the strength and resilience of the community as a whole. However, when these services could not be accessed by families or they did not meet the family's needs, this was found to lead to families experiencing larger amounts of stress. Several participants also found that because power and community position which these services can have, accessing these services could be an intimidating experience. The final conclusion that can be drawn from this study is that community support services work best when they strengthen the confidence of the parents who access their services. Once parents are confident about their abilities and strengths, they are then able to play a supportive role in their communities and provide support for other parents who may be in need. However, the small size of this study means that there is a need for further research to take place for the implications of these findings to be more fully explored.

"I just think that, having a place where you can go, where you are with other people who think that same, or don't even think the same, just where you can actually talk about how you are feeling and things like that..."
(research participant)

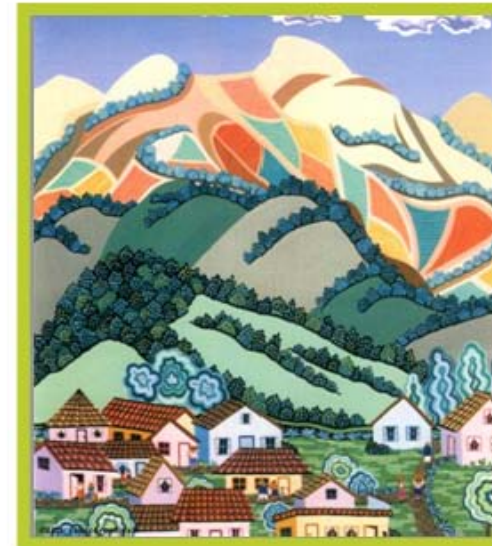


If you have any questions or want to see a copy of the full thesis, please feel free to contact me.

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The importance of empowerment: New parents' experiences of community support services, and the impact that these services have on communities.

Summary of Master's Thesis conducted for the University of Waikato.

Briar Milligan (née Marshall)
University of Waikato

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This research project aimed to study the relationship between new parents and the community support services that they access.

Methods

In order to complete this study I used a variety of techniques from qualitative research. Qualitative research uses processes such as interviews and discussions with participants in order to gain a greater understanding of people's experiences and ways of life. The majority of the data for this study was collected through one-on-one interviews with participants, which took place either in their homes, or another suitable location. This was combined with the data which was collected from previous research on this topic. Ethical approval was gained for the use of these methods.

Participants

- Seven participants agreed to participate in the study, all of whom were mothers who had children under 4.
- Two were under 25, and five were between 26 and 35.
- Five participants were NZ European; one was Sri Lankan and one part Maori/Pakeha.
- Five participants had experienced being sole parents.
- The participants were recruited through a variety of different community services.



Description of diagram

The growth of a field of plants, from bare soil to flowering blossom was used as an analogy to describe the way that with access to appropriate support, families can develop towards wellbeing. Please refer to the thesis for a detailed description of this process.

Literature

Previous research conducted on this topic has found that community organisations play a key role in providing support for people from a variety of different social groups. In particular, these services were of value to families with young children, as the support they provide can assist families with dealing with the variety of different stresses that the birth of a child can bring. However, this support needs to be targeted at the needs of the family and their experiences of their environment, in order to be effective. Many of the community services mentioned in this study have had a great influence of the social environment of New Zealand and each service plays a key role in ensuring that parents have a supportive environment in which to raise their children today.

“Communication is the best way to deal with any problem.... and also, after the communication you could identify what are the needs, for the client, you know....”
(research participant)

Findings

Participant themes

The results of this study found that community services can have a significant impact on the experiences of families. While the experience of parenting can be stressful, community organisations can provide assistance that can lessen this stress. Parents were able to access services through a variety of different forms of media, such as phone-lines, internet and personal visits. The resources that these services provided, included information and advice on the skills they could use to parent, friendship and support that can improve parents' experiences of parenting, and resources that may be useful in assisting the child's development and preparing them for school.

Community organisations

The seven community organisations that were mentioned as key sources of support by participants in this study were Plunket, Playcentre, Healthline, La Lèche League, Parent's Centre, General Practitioners, Midwives and online forums. All of these services provided resources and support for families with young children. However, several of these services also had weaknesses and possible areas that could be improved, so that their support could be appropriate for a wider variety of families.

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